VR A15 (4) 15M 9/59 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
THE RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1093¢

1, PLACE OF DEATH 0. COUNTY	Arundel		MARYLAND	o. STATE	IDENCE (Where	_	b. COUNTY	on: Residence	before odm	ission)
b. CITY OR TOWN (I RURAL and give no	If outside corporate limearest town)	its, write c. LE	ENGTH OF STAY IN 16	c. CITY OR	TOWN (If out	tside corpore	ote limits, write R	URAL ond gi	ve nearest to	wn)
Linthic	FAL (If not in hospital, s	nive street oddre	45 yrs.	d. STREET	inthicu				le. IS R	ESIDENCE
OR INSTITUTION		give arrear oddre	231			. D.			ON	A FARM?
303 Map.	le Read			11 31	03 Map		ıa		163	
3. NAME OF DECEASED	Fi	rst	Middle	- la	ist '	4. DATE OF	Mon	th	Day	Yeor
(Type or print)	ARN	IIS	R	AUMALI	S	DEATH	Octobe			1960
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	TH	1	9. AGE (In years lost birthdoy)		YEAR IF UN	
Male	White	WIDOWED [	DIVORCED [	Februar;	y 16, 1	1931	29 yrs.	I Months	7075	S Proni
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b. KIND	OF BUSINESS OR INC	USTRY 11. BIRTHP	LACE (Stote or	r foreign co	untry)	12. CITIZ	EN OF WHA	COUNTRY
Engines	king`life, even if retired		nghouse Air	A 2000	T.a twia			U	.S.A.	
13. FATHER'S NAME	•	WODOT.	TEHRATO 13		S MAIDEN NA	AME				
	8 T -8			Ama		Pana.				
Armins 15. WAS DECEASED EVE	Aumalia	DCESS IV SOCI	AL SECURITY NO. 17	INFORMANT	enija J	VILKS	Add	ress		
(Yes, no, or unknown)	(If yes, give war or dates of		AL SECURIT NO. 17	INFORMANT						
No	******	506-	36-4474 I	rs. Liga	Annal	lis	Same			
Conditions, if couse (a), stoling	the under-	) Pre	A .	Edema + C	Verso	iler	7 ibrill	ition	ONSET AN	ID DEATH
20a. ACCIDENT W.	AS UNDERLYING		RIBUTING TO DEATH B					EN IN PART	PER	S AUTOPSY FORMED?
	MEDICAL EXAMINER)									
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	While	Y OCCURRED 20e. Not while of work	PLACE OF INJURY foctory, street, offic	ice bldg., etc.)				ounty)	(Stote
21. I certify the	at (I) (this hospita	il) attended t	the deceased from	n Jeel	124	60, to	60 ct	196	O, that (I	(we) los
	sed olive on		19 69 and tho		ed at 329	M. from	the causes or	d on the	dote stat	ed above
22o. SIGNATURE						,				22b. DATE
has	how Rolman	rousko	4.5	M.D. PHYS.		D. ECTOR	STAFF PHYS.	6	out	SIGNE
22c. PHYSICIAN'S NAME (Type)	Andrew R.		ki, M.D.	22d. ADDI	RESS	hie H	zwy. (25	)		
23o. BURIAL, CREMATIC	ON 23b DATE THERE	OF 23	. NAME OF CEMETERY	OR CREMATORY		23d. LOCAT	ION (City, Iown,	or county)	(5	Stote)
REMOVAL (Specify	1									- 1
Gremation	Oct. 10.	_1950 G	reenwood G	emetery	-	Fifth BY REGIST		STRAR'S SIG		Yerk
24. FUNERAL DIRECTO				4 3						
George J	. Gence 40	001 Ritc	hie Hgwy.	(25)	DATECT	1 0 '60	Cirl	lun S. +	calle	

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10989

**CERTIFICATE OF DEATH** 

10937 Reg. Dist. No.

o. COUNTY	me Ay	undelman	YLAND 2. USUAL	RESIDENCE (Where dec	eased lived. If instit b. COUN	lution: Residence	before odmissio	) (n:
b. CITY OR TOWN (I	f outside carporate limits.	write c. LENGTH OF STA	YAN 16 C. CIT	OR TOWN (If outside of	orporate limits, write	B RURAL ond give	e nearest town)	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give	exclo Hou	d. STR	B / O C-	Bolo	المالية	ON A F	FARM?
3. NAME OF DECEASED (Type or print)	William?	Jak C	Bar	Lost 4. DA	ATH O	Month 16 -	Doy Ye	eor 9 (
5. SEX	6. COLOR OR RACE 7	MARRIED TO NEVER MARR	IED B. DATE OF	BIRTH	9. AGE (In year		YEAR IF UNDER	24 HRS.
M	w	VIDOWED   DIVORC	ED [] Jan	:31. 189	9 lost birthday	Y) Months Do	ays Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of wark do	ne 10b, KIND OF BUSINESS	OR INDUSTRY 11. BI	RTHPLACE (Slote or forei	gn country]	12. CITIZE	EN OF WHAT C	COUNTRY
Policies de work	ing life, even if relifed)	12.	0	Bre Den	LOTE.		11:	1
13. FATHER'S NAME			14. MOT	HER'S MAIDEN NAME	1	1		2
7	nedy M	· Oscare	S 6	opline	Well	ost,	)	
	R IN U. S. ARMED FORCE If yes, give war or dates of servi		Secol	-Vallar	318	ddress Be	7726-	1 .
18. CAUSE OF DEA	TH Enter only one cous	e per line for (o), (b), and (c)	).]				INTERVAL BETY	WEEN
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Perani	ed.	•			ONSET AND D	
260	DUE TO	2/100	-1. NO /	01601	101t	7 001	1 6.	1 12
Conditions, if or	n madiate	MARKET	contra (	receive	2500	2001	116X)	1-100
cause (a), sloting lying cause lost.		Deolse	toy.	mell	ilus	16:		
PART II. OTH	ER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO D	EATH BUT NOT RELAT	ED TO THE TERMINAL DIS	SEASE CONDITION	GIVEN IN PART 1	(a) 19. WAS AL PERFOR/ YES [	MED?
	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER]	b. DESCRIBE HOW INJURY (	OCCURRED. (Enter nat	ure of injury in Port I or	Part [] of item 18.]			
ZOc. TIME OF INJUR' Hour o. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While Not white of work 01 work	20e. PLACE OF INJ factory, street,	JRY (Home, form, 20f. office bldg., etc.)	(City or Iown)	(Cou	inty]	(State)
ative on	at I attended the d	eceased fram 10 -	12-60, 19 t death accurred		from the causes (Street, city or Jon		date stated	
ACTUAL SIGNATURE	do po	1. Fale	M.D. S	teres	may 9	ELW	()	
PHYSICIAN'S NAME (Type)	Kopers	(H. 4)	elur			M	0	1
220 BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEA	METERY OR CREMATO	RY Cens 220. LC	CATION (City, town	Securi	(Stole)	no.
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	0	240. REC'D BY RE	GISTRAR 24b. RE	GISTRAR'S SIGNA	ATURE "	
2362, 1 1	Barros	· un - Low	ina HB.	NOATE OCT 1	9 '60	Clathur &	thous	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VR A1S (4) 1SM 9/59

1	ARYLAND STATE DEPARTMENT OF HEALTH	
A A O T 9 DIVISION	OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYL	AND
1000%	CERTIFICATE OF DEATH	

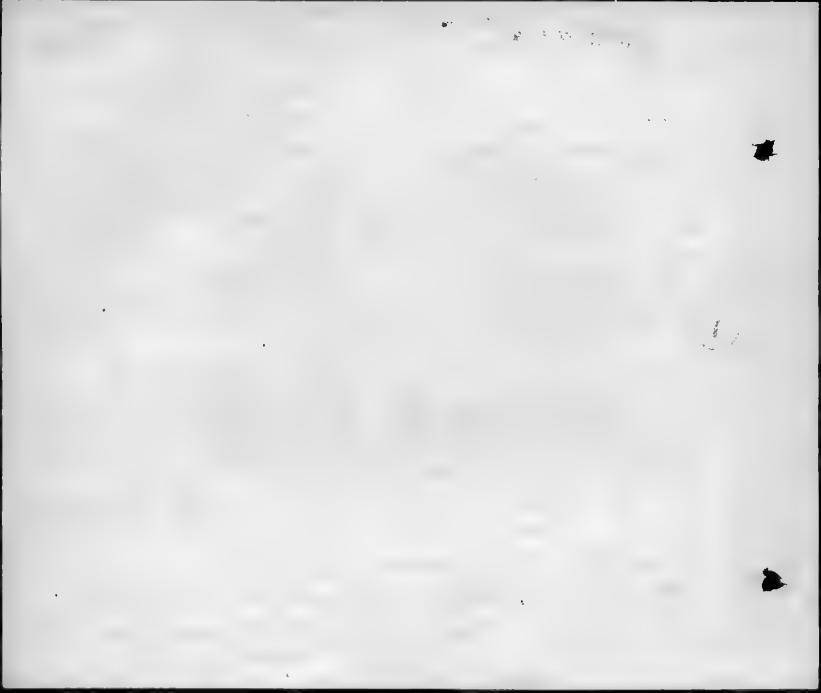
	CERTIFICA	ATE OF DEATH	10940
1.	PLACE OF DEATH A MARYLAND	2. USUAL RESIDENCE (Where deceased lived, -If institution: Residence of STATE   O. COUNTY	lence before admission)
1	OJY OR TOWN (If outside corporate limits, write pur RAI and give nearest lown) OWO	CONTOR TOWN (If buside carporate limits, write RURAL on	d give nearest town)
1	d. NAME OF HOSPITAL (Ifficial in hospital, give street address) OR INSTITUTION OF MEMORIAL HOSPITAL  A PARTICIPATION OF THE PROPERTY OF THE PR	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) (Type or print) (Name of Print) (Name of Print)	LOWN 4. DATE Month DEATH	24 1960
5.	Semale Col WIDOWED DIVORCED	2-1-1902 (ast-bytheloy) Month	
1	. USUAL OCCUPATION Give kind of work done during most at working life (even if refired)	Maryland 1	TIZEN OF WHAT COUNTRY?
	FATHER'S NAME LEginge Jones	14. MOTHER'S MAYDEN NAME	ones
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 8	aulette Hall Bom	brills
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] / PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Hear	t Failure	INTERVAL BETWEEN ONSET AND DEATH
	gave rise to immediate	rdiovascular Disease	10 yrs.
z	cause (a), stating the <u>under-lying cause last.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NIGHT BELLTED TO THE TEDMINAL DIFFACE CONDITION CIVEN IN B	ART 1/_1 30 WAS ALITOPSY
CERTIFICATION		ED. (Enter noture of injury in Port I or Port II of item 18.)	PERFORMED? YES NO 1
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(6.1)
MEDICAL	Haur a.m. 19 While Not while of work at wark	NACE OF INJURY (Hame, farm, 20f. (City or town) octory, street, affice bldg., etc.)	(County) (Stote)
	21. I <b>certify</b> that (I) (this haspital) attended the deceased from saw the deceased alive an <u>Octo 24</u> , 19,60, and that		60, that (I) (we) last the date stated above.
,	220. SIGNATURE. Theoder H. Jahron M.		tober 25, 196
	22c. Physicians (Theodore H. Johnson, M. D.	22d. ADDRESS 37 Calvert St., Annapolis,	
1	BURIAL, CREMATION, 236, DATE THEREOF 23c, NAME OF CEMETERY CONTROL (Specify)	yer Chesterfulo	Cille
1	EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	DATE OCT 2 8 '60 CARLON 2	v 1 v

A TOTAL CONTRACTOR AND ADMINISTRATION OF THE PARTY OF THE

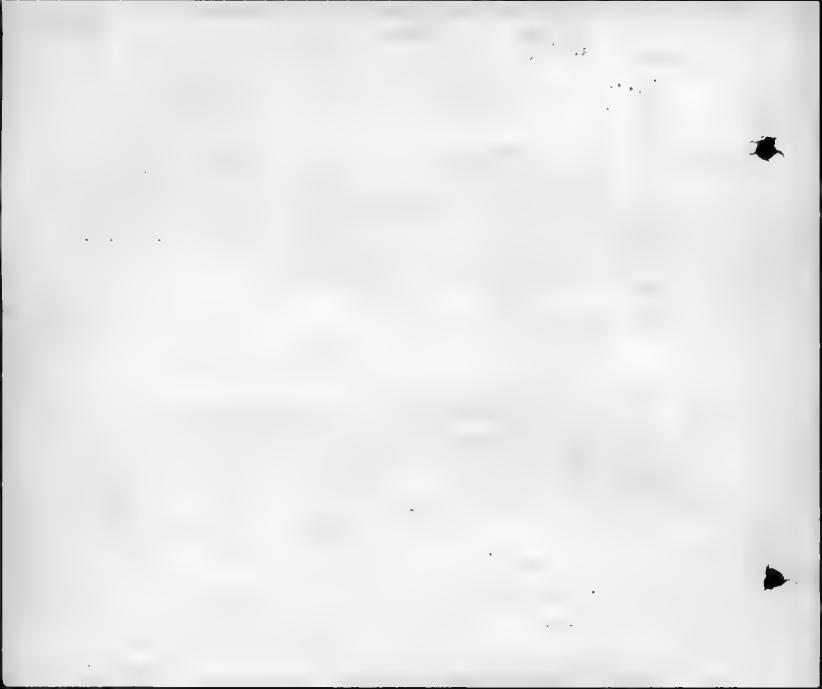
regularies to region with extension to

EARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) director, Page or your files. e. COUNTY b. COUNTY e. STATE Anne Arun lel
b. CITY OR TOWN (if outside corporete limits, MARYLAND ar vland
City or 10WN (foutside corporete lm is, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 your d of h write RURAL end give neerest town) P.O. Annapolis 15 .C. Annapolis 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO IX Sunny Acr 3 Farm could be executed within 24 hours after death. If any de "in pencil in Item 18, Give Pages 1, 2, and 3 to the type Office along with form PM3. Page 5 may be refaburial-transit permit. File pages 1 and 2 with the State death. Spa Road 3. NAME OF DATE Midd e Month Day Year DECEASED OF Raymond (Type or papil 40 Lrown DEATH October 13tl. 60 19 after 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED F UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years I last birthday) Deys Months Haurs Min. WIDOWED DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Carpenter USA Arnapolis .113 permit, File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Brown Susie Larrimore MEDICAL EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service) Lir ctor 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN E ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Poisoning by carbon monoxide 'ew l'inut IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) gave rise to immediate cause "pending" Æ DUE TO (e), stelling the underlying b the certificate, writing the word "pending towarded to the Chief Medical Examiner! I DIRECTOR: Page 3 should be used as ited agent, prior to burial, cremation, or n cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO D YES 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. vacuum cleaner hose to exhaust pine MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (Stete) fectory, street, office bldg., etc.) While Not While el work el work prior Sunny Acres Farm! PC Annapolis 21. I certify that I took charge of the remains described above, held an Autopsy Inspection v Inquiry & and in my opinion death resulted from: Natural causes Accident Suicide y Homicide Undetermined manner CHIEF MEDICAL EXAMINER T designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL 10/13/60 DEPUTY MEDICAL EXAMINER **EXAMINER'S** DEPU NAME (Type) Glen rurnie, M. should Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREON NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) 5 4 D REC'D BY REG STRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME 5M 7/59 A Made

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10994 **CERTIFICATE OF DEATH** Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Marvlond Anne Arundle b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Life Pural Patansco Park d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 215 Zeoplin Ave 215 Zenblin / ve YES NO T NAME OF First 4. DATE Middle lost Month Day Year DECEASED OF ARLANTELLA BURLLY (BRULLY) 10-14-60 (Type or print) 10 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Female Col Dec 2-Doys Hours WIDOWED P DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Home Arne Arundle County Md. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Noah Queen Letha Anne Hall physicie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address NTO ottending | Mrs Thelma Seither Same 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CLUE-22 DUE TO gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Haur a. m. While Not while of work of work -, 19.60, ta\_ 1960 that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 8:30 M, from the causes and on the date stated above. ECTOR: ADDRESS (Street, city or town, stote) DATE SIGNED 0 **ACTUAL** RGMATURE PHYSICIAN'S Dr. Richard Hunt may be O FUNERA Cherry Lane NAME (Type) 220. BURIAL, CREMATION. 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ě 10-18-50 ".arks Cemetary harmons Harvland 0 24o, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A1S (4) 15M 10/57 Contain & Haus



VR A1S (4) 15M 9/S9

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		PLACE OF DEATH			F		2. USUAL RESIDENCE (	Where decease			before adr	mission)
1	0	. COUNTY An	ne Arundel		MAR	YLAND	o. STATE Mary	land	b COUNT	Anne	Arun	del
	Ł	E. CITY OR TOWN (IF RURAL and give ne Annapoli	,	s, write	c. LENGTH OF STAY	r IN 1b	CITY OR TOWN	- Chur		RURAL ond gi	ve neorest t	own)
		d. NAME OF HOSPITA	AL (If not in hospital, g	ive street or		#	d. STREET ADDRESS	- Ontor	CHLOH			RESIDENCE
	Δı	OR INSTITUTION	1 General	Hoenit	Fal		Cape	Ann				NA FARM?
7	_	NAME OF	Fire		Middle		last	4. DATE	AA A	on th	Day	Year
		DECEASED	Sanfor		•		CAMPBELL	DEATH			21	
	5 5		6. COLOR OR RACE		B. ED T NEVER MARR		DATE OF BIRTH	- DEATH	9. AGE (In year	7		19 60 NDER 24 HRS
				WIDOWED				879	last birthday	Months (	Days Hau	
		Male	White				RY 11. BIRTHPLACE (Sh			<u> </u>	EN OF WHA	T COUNTRY?
	rou.	during most of work	inci life aven if returned)			OK INDUST						11 COOMINIT
	12	Prossma FATHER'S NAME	n U.S.Gov	Lictre	POTLEG		Philade  14. MOTHER'S MAIDE		, Pa.		S.A	•
	13.											
		Unknow				. I	Unknor	מא				
1			IN U. S. ARMED FOR		OCIAL SECURITY NO		ORMANT			ddress		
- }						M:	rs. Elsie	A. Ca	mpbell	(Same	as	above
		18. CAUSE OF DEA	TH [Enter only one co	. /2	, i A		4				INTERVAL	BETWEEN ND DEATH
		PART I. DEA	TH WAS CAUSED BY: (MMEDIATE CAUSE (a)		eeler	ar	Thursile	roses				
		360	DUE TO	,	> 1	d	11 /					
		Conditions, if a	iy, which ) (b)		Deavel	4 7	nellitu	1				
		gove rise to in	nmediate ( DUE TO					-				
		couse (a), stoting ( lying cause last.	lc)									
	Z	PART II. OTH			ONTRIBUTING TO DI	EATH BUT N	IOT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION C	GIVEN IN PART	1(a) 19 W	AS AUTOPSY
	ATK	,									YES	RFORMED?
	CERTIFICATION	20g ACCIDENT WA	S JNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b DESCI	RIBE HOW INJURY	OCCURRED.	(Enter noture of injury	in Port I or Po	rt II of item 1B.)			
		20c TIME OF INJUR	,	- 204 151	JURY OCCURRED	20.0 01.44	E OF INJURY (Home, f	206 (CI)	to an invest	1C.	ounty)	(Stote)
	MEDICAL	Hour o.m.	1 Monta, Doy, 140	While of work	Not while		ory, street, office bldg.,		y or town;	(00	1011171	(31016)
		21   certify the	t (I) (thispinessinal	) ottende	ed the deceased	from	Sept. 13.	12.60 to	Oct. 21	1960	_, that (	) (sat last
			ed alive on Oct.				ath accurred at					
		220 SIGNATURE	co dirio origina.			a mar ac		00 P.M.		and on the	4010 010	22b, DATE
1			Brail.	H.1	lan	M	D. PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNED
		22c PHYSICIAN'S		(126)	VCCO / T		22d. ADDRESS					
		NAME (Type)	Emily H. W	ilsen				Lothia	n, Md.			
	23a	BURIAL, CREMATIO REMOVAL (Specify)	N 23b DATE THEREO	F	23c NAME OF CEA				TION (City, town	o, or county)		State)
		Burial	10/24	1960		rucor	n Cemeter	<u>v</u>				
٧,	24	FUNERAL DIRECTOR	S SIGNATURE	27	ADDRESS X	1. Ka	iner 250. R	EC'D BY REGIS	*0.0	GISTRAR'S SIG		
	4	accers:	Jamera	110	m-		md. DATE	OCT 2 6	760	arthur &	times	
		0		Inc	C.C							

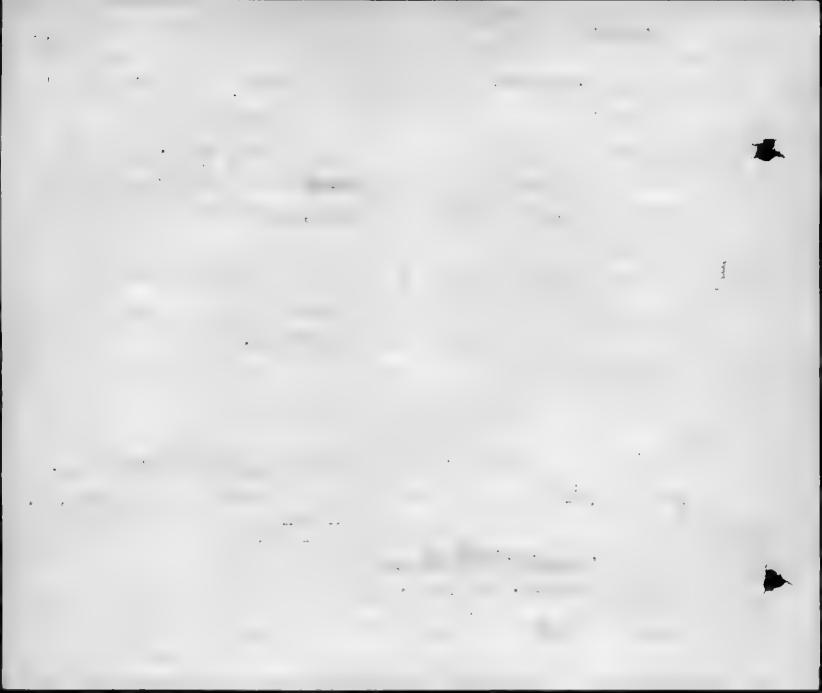


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 10995 CERTIFICATE OF DEATH brief of director, PLACE OF DEATH after death. Page 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) . county Arundel b. COUNTY Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b 6 RURAL and give negrest town) Baltimore Geo G. Meade d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION 1625- E 31st YES NOT U.S. Army Hospital NAME OF 4. DATE Middle Year CLARK October 60 DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH 9 AGE (In years lost birthdoy) Months 1960 October 24. WIDOWED TO NADIVORCED TO Male Cau 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland USA and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician ò Marie Kennev Ronald J Clark remove 17, INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give war or dates of service) Co B 19th Engr bn Ft Geo G Meade. Father attending INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] ONSET AND DEATH ă PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which permit gove rise to immediate DUE TO cause (a), stating the under-After this certificate has been si lying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS CERTIFICATION PERFORMED? YES NO K 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) 20d INJURY OCCURRED (County) Day, Year factory, street, office bldg., etc.) Hour a.m. While Not while al work of wark p. m. 21. I sertify that (1) (this haspital) attended the deceased from 2404, 1945, ta 2504, 1946, that (1) (we) last saw the deceased alive an 0520 ... 19&0, and that death accurred at 555M, from the causes and an the date stated above. OR ATTEND 22b DATE 22o. SIGNATURE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS Oct å MD 22c. PHYSICIAN'S 22d, ADDRESS 3 shauld NAME (Type) USA Hosp Ft Geo G Meade, Md. SLEZAK. Capt., M.C. TO FUNERA Stote 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) 23a BURIAL CREMATION. REMOVAL (Specify) the 1960 Helv Redemmer Cem. 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR'S SIGNATURE 25a REC'D BY REGISTRAR DATE OCT 3 1 '60 arthur S. Kraus VR A15 (4) COOK 1701 PATTERSON PK 15M 9/59)



ND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EXAMINER 7-60-et PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution; Residence before admission I director, Page or your files. a. COUNTY a. STATE b. COUNTY Anne Arundel Prince George's Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II) outside corporate limits, write RURAL and give neerest town) write RURAL and give neerast town! Riverdale Gambrills
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1.810 YES NO Tuckerman St. 3. NAME OF First M. ddla Last DETE Yaar DECEASED OF Found (Type or print) DESTH 19 October GRACE COCHRAI 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED I NEVER MARRIED last birthday) Months WIDOWED DIVORCED White IDe. LSUA. OCCUPATION (Give kind of work US. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, given if retired) 18. Give Pages 1 form PM3. Pag Trusquet File pages 13. FATHER'S NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown), (If yes give were rdeles of service) along with f 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: " in pencil i IMMEDIATE CAUSE (a) Multiple blunt impacts to the head. DUE TO burial Conditions, il Bry, Which (b) gava rise to immediata causa "pending" DUE TO (a), stating the underlying Examiner' 50 cause last. used ion, o PART II OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 cremal Medical YES K NO should 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Beaten with blunt instruments by assailant during robbery. Month, Day, Yeer | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) Hour a.m. Midnight fectory, street, office bldg., atc.) White Not While et work at work to the ≤(labout) p.mAug. 20-21 19 60 woods Gambrilla. Anne Arundel. Md. prior 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection | and in my opinion death resulted from. Natural causes Accident Suicide Homicide Y Undetermined manner DIREC CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M. D. DEPU should should NAME (Type) Address (Street, city, town, or county) (State) 22c. NAME OF CEMETERY OR CREMATORY 224. BURIAL CREMATION 22b. DATE THEREOF 22d- LOCATION (City, town, or country) REMOVAL (Spec fy) <u>\_</u>240 ADDRESS 246. REGISTRAR'S SIZNATURE 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I VS. ATSME DATE OCT 2 4 '60 5M 7/59 Cirthur & Frank Wask.D.C.

MARYLAND STATE DEPARTMENT OF HEALTH



e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES IX NO

(Stote)

22b, DATE

(Stote)

SIGNED

Doys

U.S.

(County)

YES NO T

Year

1960

funeral ages campletely papers. pup pau Car physician remove affending please á been signed attending physician. R ATTENI d by the ECTOR:

TO FUNER VR A15 (4) 15M 9/59

ro



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, desidence before admiss on) b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits write c LENGTH OF STAY IN 16 TOWN (If outside exporate fimits write RURAL and give nearest town) RURAL and give negrest town e IS RESIDENCE d NAME OF HOSPITA If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? SONING YES 🔲 NO 📝 NAME OF DECEASED 4. DATE Day Year Month filled 1960 (Type or print) DEATH 9 AGE (in years lost birthday) IF UNDER TYEAR IF UNDER 24 HRS COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH Months Days DIVORCED | WIDOWED [ popers. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? LACE (Stole or foreign country during most of working life, evol if retired) House wi puo MOTHER'S MAIDEN NAME 3. PATHER'S NAME physicion pleose remove Address 10216-01110 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 JNFORMANT even ottending INTERVAL BETWEEN ONSELAND DEATH CAUSE OF DEATH | Enter only one couse per line for (a) (b), and (c). DEATH WAS CAUSED BY € IMMEDIATE CAUSE (o) DUE TO þ Conditions, if any, which (b) peen signed gove rise to immediate DUE TO couse (o), stoting the underlying couse lost burial-tronsit WAS AUTOPSY CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(a) PART 11 OTHER SIGNIFICANT CONDITIONS PERFORMED? YES NO I 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18) certificote 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour 0. m. While Not while ol work of work 21 | certify that (1) (this haspital) attended the deceased from. 19 Che that (I) (well last saw the deceased alive on and that death accurred M, fram the causes and an the date stated above RECTOR 22d SIGNATURE SIGNED ATTENDING DIRECTOR STAFF M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) 3 shoul FUNERA poge 3 sh the Stote I 23a BURIAL REMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVE EADON RIDGE 1/1/200 the 0 25b REGISTRAR'S SIGNATURE 24/FUNERALDIRECTOR'S SIGNATURE 25g REC'D BY REGISTRAR

DATE OCT 2 0 '60

Cirilmon S. Traces

for

+30

VR A15 (4) 18M 8/59



MARYLAND STATE DEPARTMENT OF HEALTH

256 REGISTRAR'S SIGNATURE

25a. REC'O BY REGISTRAR

DATE

OCT 2 0 '60

10998	CERTIFICA	TE OF DEATH	MORE I, MARTLAND	10947
1 PLACE OF DEATH O. COUNTY ANNE ARUNDE	MARYLAND	2 USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution: b. COUNTY	Residence before admission)  WE LEUNOC
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  FRIENDSHIP	c LENGTH OF STAY IN 16	Y. FRIENDS	utside corporote limits, write RURA	L and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION	et address)	d. STREET ADDRESS	.,,,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) SOPHIA	Kolb Middle Co	WINGLAM	4. DATE OF Month	16 Day Year 19 6:0
Female White wind	ARRIED VEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	879 8 yrs.	UNDER 1 YEAR IF UNDER 24 HRS onlhs Days Hours Min.
10a USUAL OCCUPATION (G ve kind of work done 11 dyr ng mas) af working life, even if refired)  School-Feacher	%. KIND OF BUSINESS OR INDI	JSTRY 11. 8 IRTHPLACE (Stote	E MARYLAND	12. CITIZEN OF WHAT COUNTRY?
John J. Kolb		CAROLINI	EKIRCHNE	R
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give wor or dates of service]	6. SOCIAL SECURITY NO. 17.	urs. Eleance	. C. Wilson &	windship md
18. CAUSE OF DEATH [Enter only one couse pe PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	line for (a), (b), and (c).)	Line inew	frience o	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which (b)	comay	occlusion	^	
gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u>   DUE TO				
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH 8U	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in l	Part I or Port (I of item 18.)	
A Hour a.m. Wh	I.	LACE OF INJURY (Home, farm octory, street, office bldg., etc		(County) (State
21. I certify that (I) (this haspital) atte	Wes.	4	M, fram the causes and	. 19 <u>.0</u> , that (I) (we) last on the date stated above.
Em & H Wh	em		ED STAFF RECTOR PHYS	22b DATE SIGNED
22c PHYSICIAN'S NAME (Type)	MA 1881	22d. ADDRESS	uan, md.	
23a. BURIAL, CREMAT ON, 23b DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, lown, or c	ounty] (Stote)

ADDRESS

page 3 should it the State Board TO HOSPITAL may be ret

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

80

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

the funeral director, should be filed with

ttending physician and campletely filled; pleose remave carban papers. Pages 1

attending

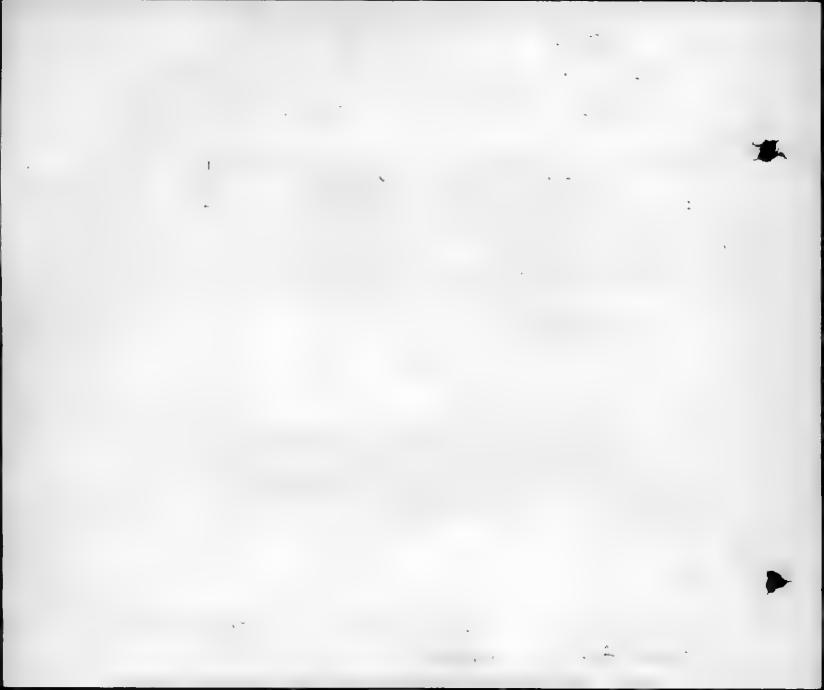
ed by the haspital or attending physician. **RE** TOR: After this certificate has been signed by the is be detached for use as the burial-transit permit. Then

cremation,

in any event, within 22 haurs after death.

papers. Pages 1

VR A15 (4) 15M 9/59



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF BEATH

10049

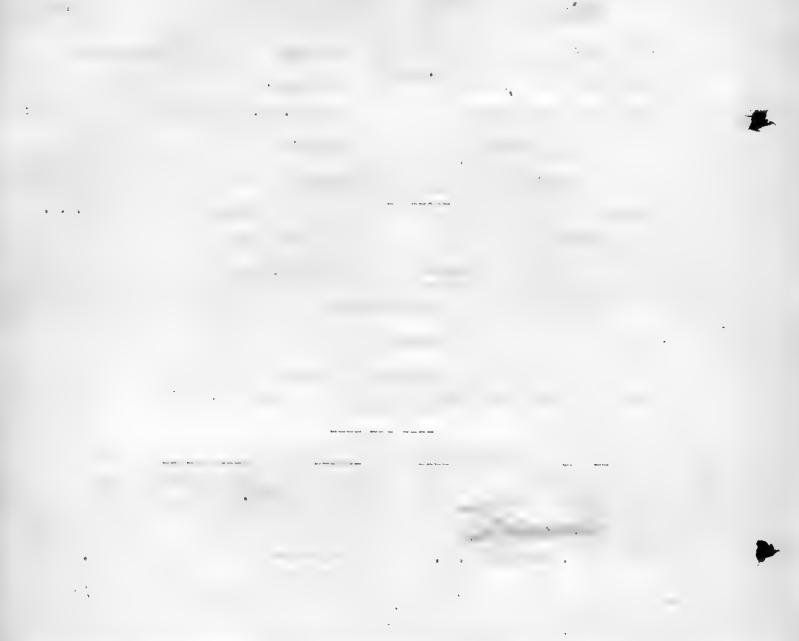
Walter & thank

	エレカカコ		CERTIFIC	A	E OF DEATE	1			TOS	DE (1)
	Arundel		MARYLAI		2. USUAL RESIDENCE (V o. STATE Naryland		Balti	Bore	City	1
Crows	OWN (If outside corporate limit d give nearest town) 15V1110		yra lomon	the	c. CITY OR TOWN (III		porote limits, write RL	JRAL and g	ive nearest to	wn)
OR INSTIT	HOSPITAL (If not in hospital, gi UTION ASVILLE State H		ss)		d. STREET ADDRESS	Durham	Street		ON	A FARM?
3. NAME OF	Firs		Middle	17	Lost Daniels	4. DATE OF DEATE	Mont 10		Doy 13	Year 19 6
s sex	6. COLOR OR RACE		NEVER MARRIED	_ [	DATE OF BIRTH November 22.	1905	9. AGE (In years lost birthdoy) 54 yrs.		YEAR IF UN	
during mos	CUPATION (Give kind of work d t af working life, even if retired)	ane 10b KIND	OF BUSINESS OR II	NDUS'	North			12.CITIZ	T.S.	
13. FATHER'S N					14. MOTHER'S MAIDEN					
15. WAS DECEA	SED EVER IN U. S. ARMED FOR( n) (If yes, give war or dates of se	LAIGES	L SECURITY NO.	17, IN	FORMANT Hospital R	ecords	Addr	ess		
	OF DEATH [Enter only one count I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ise per line far	[o), (b), and (c).]	Fai	lure_				INTERVAL ONSET AN	
gove ris	ns, if ony, which e to immediate stating the under-se last.		Cachexia Malignan	CV	of Stomach					
Chro	THE OTHER SIGNIFICANT CONE  TH	one Ass Behav	ociated to death	BUT BC	NOT RELATED TO THE TER	toxica	tion with	EN IN PART	PER	S AUTOPS FORMED?
₹ 20c. TIME C	DENT WAS UNDERLYING [] IBUTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER]  OF INJURY Month, Day, Yea a m		OCCURRED 20	e. PLA faci	CE OF INJURY (Home, for	rm, 20f. (Ci	ty or town)	(C	ounly	{Stot
saw the	ify that (I) (this haspital deceased of ive an 10	attended t	he deceased fro 19 <b>60</b> , and th	am	8/6 eath accurred a5 s	54 to	10/13 the causes and		that (I)	ed abav
22a. SIGNA	Much	1/2.	1		ATTENDING _	MED DIRECTOR	STAFF PHYS.		10,	226 DATE 14/6
	L. Bened	ict, M.	D.			ille S	tate Hosp	ital,	Md.	
330. BURIAL, CI		0 23	NAME OF CEMETE	RY OF	CREMATORY  CEM.	234 LOC	ATION (City, town, o	or county)	mo	pite)
Med Med	RECTOR'S S GNATURE	leave	N. CAN	11.	NE SI DATE	C'D BY REGI	າລາ	RAR/S SIG		

ATTENDING PHYSIC IN: The law requires at the death certificate be exacuted within III hours after death. Page TO HOLFITH, OR ATTENDING PHYSIC—N: The law requires —at the death certificate be exacuted within —— may be rety ged by the haspital ar attending physicion.

TO FUNERA RECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 in 8 state Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/S9

the funeral director, should be filed with



the funeral director, should, be filled with

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

**CERTI** 

FICATE	OF DEA	ATH	1094

ANNE CP FLOSTIAL (If not in hospital can be compared limits, write RURAL and give necest lawn)  Annapolis  d. NAME OF HOSPITAL (If not in hospital) provided in the compared limits, write RURAL and give necest lawn)  Annapolis  d. NAME OF HOSPITAL (If not in hospital) provided in the compared limits, write RURAL and give necest lawn)  Annapolis  d. NAME OF HOSPITAL (If not in hospital)  207 Ridgeley Ave.  207 Ridgeley Ave.  208 SEK  Annapolis  Anna	1 PLACE OF DEATH					. USUAL RESII	ENCE (W	here decease			n Residence	before	od missi	an)
RUBAL and give morest level)  d. NAME OF HOSPITAL (if not in hospital)  J. PART I. DAN'S LOCAL SECURITY NO. IN HOSPITAL (if not in hospital)  J. SALE W. COLOR OF RACE I. A. ARRENDED NOVER MARRIED DAN'S NOT HOSPITAL (if not in hospital)  J. SALE W. COLOR OF RACE I. A. ARRENDED NOVER OF HOSPITAL (if not in hospital)  J. SALE W. COLOR OF RACE I. A. ARRENDED NOVER OF HOSPITAL (if not in hospital)  J. SALE W. COLOR OF RACE I. A. ARRENDED NOVER OF HOSPITAL (if not in hospital)  J. SALE W. COLOR OF RACE I. A. ARRENDED NOVER OF HOSPITAL (if not in hospital)  J. SALE W. COLOR OF RACE I. A. ARRENDED NOVER OF HOSPITAL (if not in hospital)  J. SALE W. COLOR OF RACE I. A. ARRENDED NOVER OF HOSPITAL (if not in hospital)  J. SALE W. C. COLOR OF RACE I. A. ARRENDED NOVER OF HOSPITAL (if not in hospital)  J. SALE W. C. COLOR OF RACE I. A. ARRENDED NOVER OF HOSPITAL (if not in hospital)  J. SALE W. C. COLOR OF RACE I. A. ARRENDED NOVER OF HOSPITAL (if not in hospital)  J. SALE W. C.	o. COUNTY	Anne Aru	ndel.	MARYLA	AND	a. STATE	Marvl	and	b. CC	YTAU	Anne A	un	del	
Annapolis  d. NAME OR HOSTIAL (if no in hospitul, give street address) Anna Arandel General Hospital  207 Ridgeley Ave.,  207 Ridgeley Ave.,  208 Ridgeley Ave.,  208 Ridgeley Ave.,  208 Ridgeley Ave.,  208 Ridgeley Ave.,  209 Ridgeley Ave.,  207 Ridgeley Ave.,  207 Ridgeley Ave.,  208 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  209 Ridgeley Ave.,  207 Ridgeley Ave.,  207 Ridgeley Ave.,  208 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  207 Ridgeley Ave.,  208 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  209 Ridgeley Ave.,  207 Ridgeley Ave.,  207 Ridgeley Ave.,  208 Rock Ridgeley Ave.,  209 Rock Ridgeley Ave.,  207 Ridgeley Ave.,  208 Rock Ridgeley Ave.,  207 Ridgeley Ave.,  208 Rock Ridgeley Ave.,  209 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  209 Rock Ridgeley Ave.,  209 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  209 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  209 Rock Ridgeley Ave.,  209 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  209 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  209 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  209 Rock Ridgeley Ave.,  208 Rock Ridgeley Ave.,  209 Rock Ridgeley Ave.,  209 Rock			its, write c	LENGTH OF STAY IN	и 1ь	c. CITY OR 1	OWN (If o	outside carpa	orate limits, s	write RL	JRAL and giv	e near	est tawn	1
ANNE APAME OF DETASED   STORY   STORY						10	Annap	olis						
Anne Arundel General Hospital    207 Ridgeley Ave.,   Vistable   Doy	d. NAME OF HOSPITA	AL (If not in haspital, <sub>1</sub>	give street add	ress}		d. STREET A	DDRESS					0	. IS RES	DENCE
DELAKED (Types or print)  S SEX Male  O. COLOR OR RACE  White  Widowed  Divorced  Divo		1 General	Hospita	1		207	Ride	geley_	Ave.					
19   19   19   19   19   19   19   19	3. NAME OF	Fi	rst	Middle		Las				Moni	th	Day	٦	eor .
Male White Widowed Divorced July 31, 1904 for birthday)  North Carolina 12. Citizen of what does a wind date of work dame 106 kind o		Leo				DARDE	N		Oct	obe	r	3	1	9 60
Male White WIDOWED DIMONSED JULY 31, 1904 56/20  TOB. USUAL OCCUPATION (city leik daf werk dane) 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (state or foreign country)  TO NOTH Carolina  12. CITIZEN OF WHAT COUNTRY?  NOTH Carolina  13. FATHER'S NAME  Unknown  14. MOTHER'S MAIDEN NAME  Unknown  15. WAS DEFEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  16. SOCIAL SECURITY NO. 17 INFORMANT  18. CAUSE OF DEATH [Enter only one couse per line for (a). (b). and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c). Social Security No. 17 INFORMANT  18. CAUSE OF DEATH [Enter only one couse per line for (a). (b). and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c). Social Security No. 17 INFORMANT  Canditions, if only, which gave rise to immediate couse (a). stating the under:  (b) ACCIDENT WAS JUNDERVING. (c)  THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (lo) 19 WAS AUTOPEY PESCORMED?  YES DO ACCIDENT WAS JUNDERVING. (c)  THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  TO CONTRIBUTION COLOR OF DEATH (c) INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  TO CONTRIBUTION COLOR OF DEATH (c) INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  TO CONTRIBUTION COLOR OF DEATH (c) INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  TO COLOR OF CONTRIBUTION COLOR OF DEATH (c) INJURY MONTH, Day, Year 20d. INJURY MONTH, DAY,	5 SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B	DATE OF BIRTH	ł		9. AGE (In	years		-		
DIKENOUR  3. FATHER'S NAME  Unknown  14. MOTHER'S MAIDEN NAME  Unknown  15. WAS DECASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  17. INFORMANT  NO.  18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  Conditions, if any, which gave rise to Immediate course (a), stoling the under  Ilying course land.  (c)  Part III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(c).  PART II. DEATH WAS CAUSED BY:  (c)  PART II. DEATH WAS CAUSED BY:  (d)  CONDITION SONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(c).  PART II. DEATH WAS CAUSED BY:  (e)  PART II. DEATH WAS LOUISED BY:  (f)  PART II. DEATH WAS LOUISED BY:  (h)  PART II. DEATH WA	Male	White	WIDOWED [	DIVORCED		July 31	. 190	)4			Months D	ays	Haurs	Min,
Prop.   Auto Sales Co   North Carolina   U.S.	10a. USUAL OCCUPATIO	N (Give kind of work	dane 10b. KIN	D OF BUSINESS OR	INDUSTR	Y 11 BIRTHPL	ACE (State	or fareign c	ountry)		12. CITIZE	NOF	WHATC	OUNTRY?
14. MOTHER'S MAIDEN NAME  Unknown  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  NO 10 No		mA met even n remed		Sales Co		Nort	h Car	olina			t	1.2.		
15. WAS DECRASED EVER IN IJ. S. ARMED FORCESS   16. SOCIAL SECURITY NO.   17 INFORMANT   Address   18. CAUSE OF DEATH   Einter only one course per line for (c), (b), and (c).   PART I. DEATH   Einter only one course per line for (c), (b), and (c).   PART I. DEATH   WAS CAUSED BY   IMMEDIATE CAUSE (c)   DUE TO   Conditions, if any, which gave rise to immediate course (a), stoting the under lying course loat.   (c)   PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (c)   PREFORMEDY   PERFORMEDY   PERFORMENT   PERF			.,			14. MOTHER'S	MAIDEN N	NAME						
15. WAS DECRASED EVER IN IJ. S. ARMED FORCESS   16. SOCIAL SECURITY NO.   17 INFORMANT   Address   18. CAUSE OF DEATH   Einter only one course per line for (c), (b), and (c).   PART I. DEATH   Einter only one course per line for (c), (b), and (c).   PART I. DEATH   WAS CAUSED BY   IMMEDIATE CAUSE (c)   DUE TO   Conditions, if any, which gave rise to immediate course (a), stoting the under lying course loat.   (c)   PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (c)   PREFORMEDY   PERFORMEDY   PERFORMENT   PERF	Unknow	79				Unk	nown							
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), storing the under lying couse last.  (c)  Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1 (a) 19 WAS AUTOPEY PERFORMED YES NO DECOME PART 1 (b) 19 WAS AUTOPEY PERFORMED YES NO DECOME PART 1 (c) 19 WAS AUTOPEY PART 1 (c) 19 WAS AUTOPEY PART 1 (c) 19 WAS AUTOPEY PART 1 (c)	15. WAS DECEASED EVER	IN U. S. ARMED FOR		CIAL SECURITY NO.	17 INFO		TIOMIT			Addr	ess			
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSE BY  Conditions, if only, which gave rise to a immediate couse (a), stating the under- lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1 (a)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTHER MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year 19 While of work of work of while of work of work of work of work of the termination of the		,	1	05 0021	u-		Doory	·						
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COLUMN TWO CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NO   20a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED with work of wark 22a SIGNALITY  21 I certify that (I) (this character) attended the deceased from 20 Feb. 1 a Oct 3 19.60, that (I) page lost saw the deceased dive on Oct 3 19.60, and that death occurred at M. from the causes and on the date stated abave.  22a SIGNALITY  22b DATE SIGNED  22c. PHYSICIAN'S NAME (Type)  Edward S. Beck  23a BUR AL CREMATION, 23b DATE THEREOF  23b NAME (Type)  24b REGISTRAR 25b REGIS	e	IMMEDIATE CAUSE (	COL	CONARY	11	to omi	05/	2				1	HO	UR_
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Cause (a), stating the under lying cause last.    Co			HELE	RIDSCHE	ROI	10-17	4-011	67	DISC	4-51		3	116	ج.
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED?    20a ACCIDENT WAS UNDERLYING   COLOR FEW THROUGH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)    20a ACCIDENT WAS UNDERLYING   COLOR FEW THROUGH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)    20a ACCIDENT WAS UNDERLYING   COLOR FEW THROUGH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)    20a ACCIDENT WAS UNDERLYING   COLOR FEW THROUGH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)    20a ACCIDENT WAS UNDERLYING   COLOR FEW THROUGH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)    20a ACCIDENT WAS UNDERLYING   COLOR FEW THROUGH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)    20a ACCIDENT WAS UNDERLYING   COLOR FEW THROUGH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)    20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)    20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)    20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)    20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)    20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)    20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)    20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Part II														
20a ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year   20d. INJURY OCCURRED   While at work   20e. PLACE OF INJURY (Hame, form, p. m. 19   20f. Mat while at work   20f. Accidence of injury in Part II of item 18.)  21   Certify that (I) (Mischandial) attended the deceased from 20   1500, ta Oct. 3, 19.60, that (I) pool lost saw the deceased dive on Oct. 3, 19.60, and that death occurred at M, from the causes and on the date stated abave.  22a SIGNATURE  22b DATE SIGNED   ATTENDING   DIRECTOR   PHYS   10/1/60   22c. PHYSICIAN'S NAME (Type)   Edward S. Beck  22d. ADDRESS  71   Franklin St., Annapolis, Md.  23a SUR AL, CREMATION, 23b DATE THEREOF   23c NAME OF CEMETERY OR CREMATORY   23d COCATION (City, Iown, or county)   (State)    23b REGISTRAR'S SIGNATURE   ADDRESS   25c. REC'D BY REGISTRAR   25c. REGISTRAR'S SIGNATURE		) (	c)											
20a ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year   20d. INJURY OCCURRED   While at work   20e. PLACE OF INJURY (Hame, form, p. m. 19   20f. Mat while at work   20f. Accidence of injury in Part II of item 18.)  21   Certify that (I) (Mischandial) attended the deceased from 20   1500, ta Oct. 3, 19.60, that (I) pool lost saw the deceased dive on Oct. 3, 19.60, and that death occurred at M, from the causes and on the date stated abave.  22a SIGNATURE  22b DATE SIGNED   ATTENDING   DIRECTOR   PHYS   10/1/60   22c. PHYSICIAN'S NAME (Type)   Edward S. Beck  22d. ADDRESS  71   Franklin St., Annapolis, Md.  23a SUR AL, CREMATION, 23b DATE THEREOF   23c NAME OF CEMETERY OR CREMATORY   23d COCATION (City, Iown, or county)   (State)    23b REGISTRAR'S SIGNATURE   ADDRESS   25c. REC'D BY REGISTRAR   25c. REGISTRAR'S SIGNATURE	PART II OTH		IDITIONS CON	TRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERM	INAL D SEAS	E CONDITIO	ON GIV	EN IN PART 1	(o) 19	WAS A	
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20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While at wark 19 Nat while at wark 19 Not	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIE	BE HOW INJURY OCC	CURRED.	Enter nature a	Finjury in	Part I ar Par	rt II af îtem	10.)				
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saw the deceased alive onOct319_60 and that death occurred atM, from the causes and on the date stated above.  22a SIGNAL AD	Haur a.m.		While _	Nat while							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(=/
saw the deceased alive onOct319_60 and that death occurred atM, from the causes and on the date stated above.  22a SIGNAL AD	21 I certify tho	(I) (thischemite	₩ attended	the deceased fr	rom 3	OSEP	19	60. ta (	Oct. 3		19.60	, tha	t (l) p	20 lost
22a SIGNALIA  22b DATE SIGNED  ATTENDING DIRECTOR PHYS 10/4/60  22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  71 Franklin St., Annapolis, Md.  23a BLR AL CREMATION, 23b DATE THEREOF  REMOVAL (Specify)  Burial  23c NAME OF CEMETERY OF CREMATORY  Burial  24 PUMERA, DIRECTOR'S SIGNATURE  ADDRESS  25a REC'D BY REGISTRAR'S SIGNATURE			T											
22c. PHYSTCIAN'S NAME (Type)  22d. ADDRESS  71 Franklin St., Annapolis, Md,  23d. BLR AL, CREMATION, 23b DATE THEREOF  23c. NAME (Type)  23d. ADDRESS  72 Franklin St., Annapolis, Md,  23d. LOCATION (City, town, or county)  23d. LOCATION (City, town, or county)  23d. LOCATION (City, town, or county)  24 Fundera, Director's Stockature  ADDRESS  25d. REC'D BY REGISTRAR'S SIGNATURE		2	1						***************************************					DATE
22c. PHYSICIAN'S NAME (Type)  Edward S. Beck  71 Franklin St., Annapolis, Md.  23a BLR AL CREMATION, 23b DATE THEREOF REMOVAL (Specify)  Burial  23c. NAME OF CEMETERY OF CREMATORY Burial  Construction  Constructi	(01)	1124/2	1.	Danke	) M.			ED RECTOR []	STAFF	٦		10/	1. 160	SIGNED
Edward S. Beck 71 Franklin St., Annapolis, Md.  23a SUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  Burial  Oct. 7, 1960 Oak Hill Cemetery  ADDRESS  25a. REC'D BY REGISTRAR'S SIGNATURE  25b. REGISTRAR'S SIGNATURE		The state of	- 1									1.07	47 D.	
Burial Oct. 7, 1960 Oak Hill Cemetery Baltimore Maruland  2 Surgery Description of the profit of the	NAME (Type)	Edward S.	Beck			71 F	rankl	in St.	, Ann	apo	lis, M	ld.		
Burial Oct. 7, 1960 Oak Hill Cemetery Baltimore Maruland  2 Surgery Description of the profit of the	230 BUR AL, CREMATIO	N, 23b DATE THERE	OF 2	3c NAME OF CEMET	ERY OR O	REMATORY		23d LOCA	TION (City.	ławn, c	or county)	-	(Stati	e)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	REMOVAL (Specify)											,	,	
1/2000 2 -07 6227657 1					201110	2017	2Sa. REC							
	Variable 12 and	The state of the s	Anna	apolis, Ma	ryla	nd	DATE (	CT 6	'60	a	return 8	Kin	A.	



1. [										
	PLACE OF DEATH	ne Arunde	ì.	MARYLAND	2. USUAL RESIDENCE (WI STATE Maryland	here deceased	b. COUNTY	n: Residence		sion)
	BURAL and give nec	outside corporate limi	ts, write	LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporc	te limits, write Rl	JRAL ond To	ve nearest tow	n')
	RURAL and give ned Crown:	ville		5 mos 18 days	Baltimore					
	d. NAME OF HOSPITA OR INSTITUTION	i, (if not in hospital, g	jive street od	ldress)	d. STREET ADDRESS		1110	1 1		SIDENCE FARM?
	Cro	msville S	tate H	ospital	Unknown		4 4	/		NO 🔼
	NAME OF DECEASED (Type or print)	Fir <b>Jo</b> l		Middle H <b>enry</b>	Davis	4. DATE OF DEATH	Octob		Day 30	Yeor 19 <b>60</b>
5 5	SEX	6 COLOR OR RACE	7 MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9	. AGE (In years lost birthdoy)		YEAR IF UND	7
1	Male	Negro	WIDOWED	DIVORCED [	1894		66 yrs.	Months D	Pays   Hours	Min
l 0a	USUAL OCCUPATION	N (Give kind of work ing life, even if retired	done 10b. KI	IND OF BUSINESS OR INDU	STRY   11. BIRTHPLACE (Stote	or foreign cou	nfry)	12 CITIZI	EN OF WHAT	COUNTRY
	Unkno		'   <del>-</del>		Georgia				U.S.A.	
13	FATHER'S NAME		-		14. MOTHER'S MAIDEN I	VAME				
	Ike Phel	.ps			Loraine	?				
	WAS DECEASED EVER			OCIAL SECURITY NO. 17. I	NFORMANT		Addr	ess		
	Jnknown	yes give war or dotes of s		Unknown	Hospital Reco	ords				
	PART I. DEAT  ( 2.3  Conditions, if on gove rise to im	H WAS CAUSED BY IMMEDIATE CAUSE (of DUE TO which ) (b	5	for (o), (b), and (c).]  subdural  fullitic au	hemorrh d Arterios sease	derot	ic Ca	rdio	INTERVAL B ONSET AND	DEATH
Z	Lying couse lost.	) (c	:)		NOT RELATED TO THE TERM				1(a) 19. WAS	AUTOPSY
CATIC									PERF	NO [
CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING []	20b. DESCR	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port	II of item 18.)		PERF	DRMED?
MEDICAL CERTIFICATIO	20a. ACCIDENT WAS	UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	ar 20d. INJ While	URY OCCURRED 20e PI	ACE OF INJURY (Home, forn, street, office bldg., etc.	n, 20f (City o		(Co	PERF	DRMED?
	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)  20c TIME OF INJURY Hour o. m. p. m.  21. I certify that saw the decease 220 SIGNATURE  22c. PHYSICIAN'S NAME (Type)	Month, Day, Ye  (I) (this haspital ad alive an Oct	ar 20d. INJ While of work	URY OCCURRED 20e PI for Not while or work do the deceased fram.	May 12, 19  death accurred at 7.1  ATENDING MAD PHYS		tober 3 he causes an	0, 19 60 d an the	performance yes a point of the performance yes a	(State
MEDICAL	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)  20c TIME OF INJURY Hour o. m. p. m.  21. I certify that saw the decease 22c SIGNATURE  22c. PHYSICIAN'S NAME (Type)	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  Month, Doy, Ye  (I) (this haspital and alive an Oct  Idagard H	ar 20d. INJ While of work 1) attende ober 3	URY OCCURRED Not while or work  d the deceased fram, 0,1960, and that semann, No Do	ACE OF INJURY (Home, form ctory, street, office bidg., etc.  May 12, 19  death accurred at 1-1  ATTENDING M.D.  ATTENDING M.D.  22d. ADDRESS  Crownsvi	59, to 0	stober 3 he causes an	0, 19 60 d an the	performance yes a point of the performance yes a	(State
MEDICAL	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)  20c TIME OF INJURY Hour o. m. p. m.  21. I certify that saw the decease 220 SIGNATURE  22c. PHYSICIAN'S NAME (Type)	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  Month, Doy, Ye  (I) (this haspital and alive an Oct  Idagard H	ar 20d. INJ While of work	URY OCCURRED 20e PI for Not while or work do the deceased fram.	ACE OF INJURY (Home, form ctory, street, office bldg., etc.  May 12, 19  death accurred at 7-1  M.D. ATTENDING M.D. PHYS D. 22d. ADDRESS  Crownsvi	59 to O  54 Mm t  ED  IRECTOR   23d LOCATI  Crown	stober 3 he causes an STAFF PHYS  ate Hosp ON (City, town, c	O, 1960 d an the ital, or county) Maryla	performer yes a point of the performance of the per	(Stote (we) las d abave 2b.DATE
WEDICAL 23o	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJURY Hour o. m. p. m.  21. I certify that saw the decease 22o SIGNATURE  22c. PHYSICIAN'S NAME (Type)  BUR AL, CREMATION REMOVAL (Specify)	UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)  Month, Doy, Ye  19  (I) (this haspital ad alive an Oct  Ildegard H  1, 23b DATE THEREC	ar 20d. INJ While of work  1) aftende ober 3	URY OCCURRED 20e PI for Not while or York and that of CEMETERY C	ACE OF INJURY (Home, form ctory, street, office bldg., etc.  May 12, 19  death accurred at 7-1  M.D. ATTENDING M.D. PHYS D. 22d. ADDRESS  Crownsvi	20f (City of State of City of State of	stober 3 he causes an STAFF PHYS  ate Hosp ON (City, town, c	0 19 60 d an the	perference yes a pounty)  2. that (I) date states 2: 10/31  Md. (Sto	(Stote (we) las d abave 2b.DATE

the funeral director,

may be reformed by the haspital or attending physician.

D. FUNERAM EFECTOR: After this certificate has been signed by the attending physician and campletely filled it page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, ar removal, and in any event, within 272 hours after death.

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may be reformed TO FUNERA!

TO HOSPITAL OR ATTENDING BITYBICIAM: The law requires that the death mentificate be exempted within 24 Mours after death. Page II VR A1E (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VR A1S (4) 15M 9/59

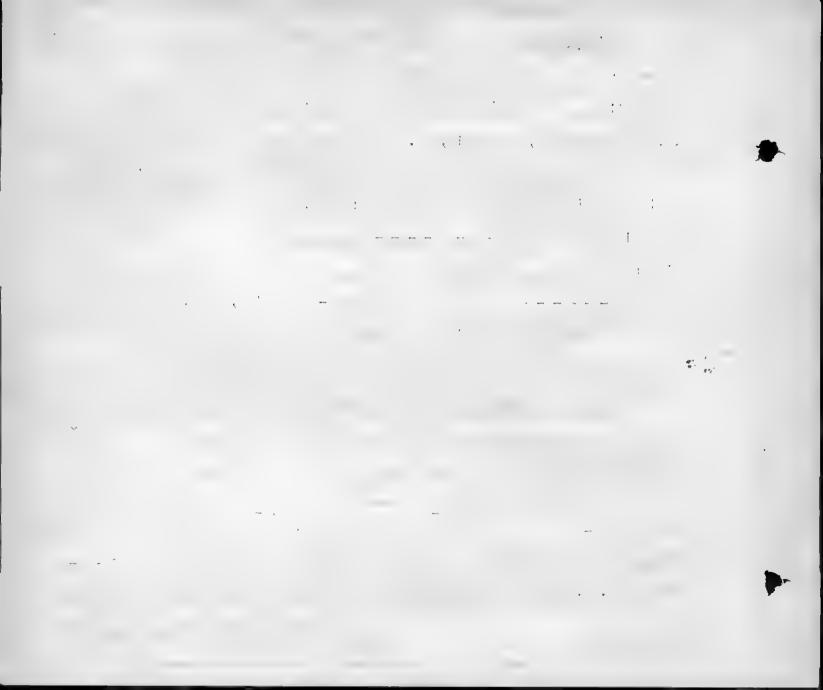
	MARYLAND STATE DEPARTMENT OF HEALTH
2	1095 POIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
7	1 U30 ( CEDTIFICATE OF DEATH

CEKTIFICATE OF DEATH

	1. PLACE OF DEATH  • COUNTY  A•	A. Co.	MAXITAM	g STATE	DENCE (Where deceases	b. COUNTY	A . A .	efore odmiss	ion)	
	b. CITY OR TOWN (If outside RURAL and give nearest to ANDEPOTIS		c. LENGTH OF STAY IN	20.00	rown (If outside corpo	rote limits, write RI	URAL ond give	neorest tawn	)	
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Arundel General Hospital		d. STREET A	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?						
	3. NAME OF DECEASED (Type or print)	First	Middle	Lo	OF	Oct. 20	0/60	/	Yeor	
	S. SEX 6 CO		HED NEVER MARRIED			9. AGE (In years lost birthdoy) 58 yrs.	Months Do	AR IF UNDE	R 24 HRS. Min	
	10a. USUAL OCCUPATION (Give during most of working life, H . W 13. FATHER'S NAME	even if retired)	wn Home	Tash 1	ngton D.		USA	OF WHAT C	OUNTRY?	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address									
	Yes, no, or unknown)   (If yes, give war or doles of service)   William C. Ebeling Sev. Pk., Md.									
)	IB CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY, My Cause (c) (c)  Canditions, if any, which gove rise to immediate cause (o), stoling the under-lying cause lost.  (c)							INTERVAL BETWEEN ONSET AND DEATH MINUTES		
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AU PERFORM YES   1									
	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.)  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OF CONTRIBUTING   CAUSE OF DEATH  OF CONTRIBUTION   C									
	20c. TIME OF INJURY Mon G Hour o. m. E p. m	th, Day, Year 20d. II While of wor	Nat while	e. PLACE OF INJURY foctory, street, offic	(Home, farm, 20f. (City e bldg., etc.)	y ar town)	(Cour	ityj	(State)	
	21 I certify that (I) (this haspital) attended the deceased from. The 1957, to 1950, that (I) (we) last saw the deceased alive an St. 14 1960, and that death accurred at 70M, from the causes and an the date stated abave.  220. SIGNATURE  LEMY J.L. Marriott M.D. ATTENDING MED DIRECTOR STAFF SIGNED  220. PHYSICIAN'S NAME (Type)  221. ADDRESS									
	23a. BURIAL, CREMATION, 23b REMOVAL (Specify) Burial	Oct. 24/6	23c. NAME OF CEMETE  Toudon P	_			29 Md.	(Stot	re)	
	24 LUNERAL DIRECTOR'S SIGN	Of Edmond:	son AVe.		250. REC'D BY REGIS OCT 2 5		STRAR'S SIGNA			

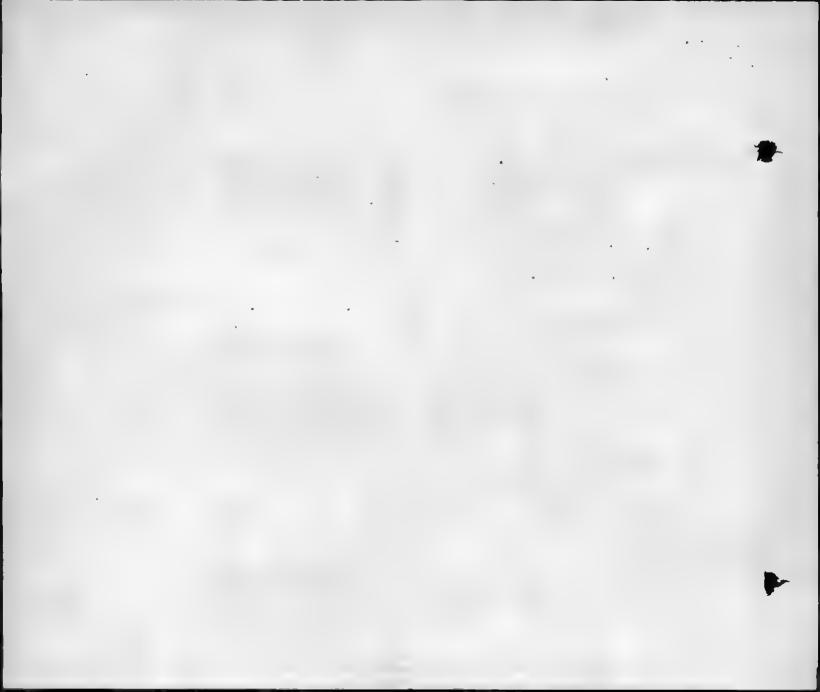


- MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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	the ward "pending" in pencil in Item 18. Give Pogethan and	ng with form PM3. Pa	SUD	
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1 . /	11009 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ion,	J. Gaillard Frey, Smedical Examiner's Certificate of Death 10953
ioh-cremati	1. PLACE OF DEATH 6. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) 6. STATE Maryland  b. COUNTY  A.A. Co.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ond give nearest fewn)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
to bur	Sherwood Forest Sherwood Forest Sherwood Forest A d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS le IS RES DENC
· Y	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  770 Robin Hood.  d. STREET ADDRESS  770 Robin Hood.  e is res dence on a farm yes no [
your	3. NAME OF DECEASED (Type or print) GAILLARWING GAILLA
Tor the ro	5. SEX 6. COLOR OR RACE 7. MARRIED B. NEVER MARRIED B. DATE OF BIRM 9. AGE (In yours low) purphology) Mpnths Days Hours Min.
in till 1	MIDOWED DIVORCED [3] Bept. 27, 1911 47 yrs.
ret 12 %	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  12. CITIZEN OF WHAT COUNTI
2 5	President Wholesale Grocers Maryland  13. FATHER'S NAME [14. MOTHER'S MAIDEN NAME]
S mov	Walter A. Frey. Sr. Helen Gilmore
Poge File Po	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [ (if yes, pive wor or doing of service) ] (If yes, pive wor or doing of service)
_	No 212-07-8580 Mrs. Caroline P. Frey-770 Rabin Hood
long with farm PM3. vurial-transit permit.	18. CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c).]  PART I. DEATH WAS CAUSED BY:
sit p	DUE TO
with I-tra	Conditions, if any, which) (b)
0 44	gave rise to immediate cause (a), stating the underlying cause last.  (c)
od os o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS' PERFORMED?  YES \( \text{V} \) NO \( \text{V} \)
the use	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS:  PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 11 of 11em 18.)  PRIMARY DI or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CAUSE OF DEATH.
should	
10 E	20c. TIME OF INJURY Month, Day, Year 20d Nojury OCCORRED 20c. PLACE OF INJURY (Hame, farm, Place of the Not while foctory, street, office bldg., etc.)    Caunty   Ca
₹ 2	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find the
RECTOR:	death resulted from: Natural causes , Accident , Suicidet , Homicide , Undetermined cause .
DIRECT A	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
oval.	EXAMINER'S F. LIN DARCH . DEPUTY MEDICAL EXAMINER . 10-7-60
FUNEX FUNEX ST TEMO	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (State)
<b>6</b> P	Burial 10/10/60 Druid Ridge Cemetery Pikesville, Maryland
15ME(5)	23 FUNERAL DIRECTOR'S SIGNATURE FOR BACKS - MAC OCT 11 '60 246. REGISTRAR'S SIGNATURE DATE OCT 11 '60
9/55	



1	Item 18 Film 274 11-MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10954
HEALTH DEPT.	1. PLACE DEDINATE (Whara decessed I'ved, if institution: Res dence before admiss on
さる。 き、 きく	a. COUNTY b. STATE b. COUNTY
tor. Pag	b. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  MARYLAND  Same  c. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest town)
for you	Glen Purnic d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give streat address) d. STREET ADDRESS  e. 15 RES.DENCE ON A FARM
State B	923 _ld inranolis Ed. 3 Name of First Midda Last 4. DATE Month Day Year
E E E	OF OF OPERATE Cetaber 18th. 19 ()
하는 무 무 무 무 무 무 무 무 무 무 무 무 무 무 무 무 무 무 무	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 14 HRS.
de wins	House John Days House John
15. al	10. WIDOWED DIVORCED 20/25/51 8 yrs. 10. USUAL OCCUPATION (G.ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
2 and 72	done during most of working life, even if ratirad)
Page . E	School Liltinore, 'd. U.S.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
4 - 5 d 3	
ES E E	Lugeno Gaskin LOretta Rudy
\$ 00 A 6 8	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address (Yas, no, or unkown)   (Ifyesgivawarordatasofservice)
viih eri	No None   Mrs. Loretta Gaskin (mother)
in the party of th	18. CRUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  INTERVAL SETWEEN ONSET AND DEATH ONSET AND DEATH
exe cil i slon snd	PART I. DEATH WAS CAUSED BY: Epilepsy due to Malformation of Brain
ben ben ce a self.	350,0 DUE TO
Official Paris	Conditions, if any, which (b)
S S TO TO	gava rise to immediate cause (a), stating the underlying DUETO
d as d	causa last. (c)
TES SON Y	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY
o de	PERFORMED? YES X NO
The war Medical Should should all, cre	PART II. OTHER S.GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. TION GIVEN IN PART 1601 PRIMARY TO THE TERMINAL DISEASE COND. TION GIVEN IN THE TERMINAL DISEASE COND. T
ting a def	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
the Cl	ZOc. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour e.m. p.m. 19 et work et work
1500 g	21. I certify that I took charge of the remains described above, held an Autopsy 20, Inspection , Inquiry . and in my opinion
SESSE S	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
D S S S S S S S S S S S S S S S S S S S	CHIEF MEDICAL EXAMINER
Marie Co.	SIGNATURE ( LOUIS J. LULY . M.D. ASSISTANT MEDICAL EXAMINER A DATE SIGNED
S R A	DEPUTY MEDICAL EXAMINER   10/18/60
5 2 2 2 3	NAME (Typa) Charles S. Petty, M.D. Addrass (Street, city, town, or county)
DEP Shou Frun its d	228, SURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 g 4 0 9	BURIAL 10/7/160 OAK HALL CEM, OAK HALL VA.
VS. A15ME	25. FUNERAL DIRECTOR ADDRESS ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE
5M 7/59	WAITER CLARK CHINCOTEAGUE DATE OCT 20'60 arthur & thomas



AND STATE DEPARTMENT OF HEALTH RECORDS, 301 **BALTIMORE 1, MARYLAND** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY Page **b.** COUNTY director. Page necessary Anne Arundel MARYLAND b. CITY OR TOWN (if putside corporete fimits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) ō write RURAL end give neerest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edgress) ō d. STREET ADDRESS Spa Road Spa Road 3. NAME OF First 4. DATE 1, 2, and 3 to the roge 5 may be retal and 2 with the St 72 hours after deal DECEASED OF (Type or print) DEATH MORRIS October GILMORE uid be executed within 24 hours after death. in pencil in Item 18. Give Pages 1, 2, and 3 to 5. SEX 6. COLOR OR RACE 7, MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In years IT UNDER I YEAR lest birthdey) Male White WIDOWED DIVORCED 10a. USJAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. Page . done during man of wacking life, even if retired) form PM3. 13. FATHERAS NAME 14. MOTHER'S MAIDEN NAM 意 This certificate should be executed within 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, go, or/unkown) | (Ifyespivewerordatesofservice) and CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), Medical Examiner's Office along burial-transit PART I. DEATH WAS CAUSED BY: Subdural hemorrhage and IMMEDIATE CAUSE (a) DUE TO DE TOUR removal, Conditions, if eny, which geve rise to immediate cause "pending" m DUE TO (e), sleting the underlying 50 cause lest. pesn cremation, CERTIFICATION 8 9 the certificate, writing the word pinous 206. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho FUNERAL DIRECTOR: Page 3 sho Fell down steps 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Not Whie While et work et work House Annapolis. 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection death resulted from: Natural causes Accident 3 Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER should be EXAMINER'S S. Fisher, Russell DEPUT NAME (Type) Address (Street, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION, 226. DATE THEREOF

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VS. ATSME

SM 7/59

INTERVAL BETWEEN ONSET AND DEATH PART II, OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY PERFORMED? [20] NO (County) (State) Anne Arundel. and in my opinion Undetermined manner DATE BIGNED /60 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) SNAVAL URIAL 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE · SONS ANNAPOLIS DATACT\_6

Anne Arundel

. IS RESIDENCE ON A FARM?

YES NO

1960

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4	11004 CERTIFICATE OF DEATH Reg. Dist, No. 1 (1956)
filed with	1. PLACE OF DEATH O COUNTY Anne Arundel  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE Maryland Dorchester
hould be f	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Crownsville  Amo. 1 day  c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cambridge
2 shou	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Crownsville State Hospital  d. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
	3. NAME OF First Middle Lost 4. DATE Month Day Year OF (Type or print) Helen Marine Gray DEATH 10 11 1960
3. Poll	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years list birthday) Months Days Hours Min.  Pemale Negro WIDOWED DIVORCED August 27, 1891 69 yrs.
death.	10c. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)  Unknown  10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  Unknown  U.S.A.
of fier	13. FATHER'S NAME Unknown Mariah Montgomery
ase remove cor	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. no unfindum) (If yes, give wor or doles of service) Unknown Hospital Records
ermit. Then pleas n any event within	18. CAUSE OF DEATH [Enter only one couse per line for (a). (b), ond (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), storing the under-
e burial-fransit prince in remayal, and i	Lying cause lost   Co   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  Chronic Brain Syndrome Associated with Arteriosclerosis   YES   NO   ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH   OR CONTRIBUTION   CAUSE OF DEATH   OR CONTRIBUTION
emotian, o	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour a. m.  While Network at work at work at work at work at work at work at work.
be detached rai iar ta buriol, cr	21. I certify that I attended the deceased fram 6/10 , 19 59, ta 10/11 , 19 60, that I last saw the decease alive on 10/11 , 19 60 , and that death occurred of 7:18P.M. from the causes and an the date stated above ADDRESS (Street, city ar town, state)  ACTUAL SIGNATURE MD. Crownsville State Hospital, Md. 10/13/6
egistror pr	PHYSICIAN'S L. Benedict, M. D. Crownsville State Hospital, Md. 10/13/6
poge the reg	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City. lown, or county) (Stole) Burial 10/16/60 Christ Rock Cambridge - Dorchester Md.  23. EDIVERAL DIRECTOR'S SIGNATURE ADDRESS / / 240 RECID BY REGISTRAR'S SIGNATURE.
5 (4) /55	Mirken / MSHlew Je Cambridge / Id DATE DATE



VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
10960	CERTIFICATE	OF	DEATH		

10957

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Anne Arund	el MARYLAND	2 USUAL RESIDENCE (WIN	ere deceased fived. If institution, Resid and b. COUNTY Anr	ence before admission)
b. CITY OR TOWN RURAL and nive i	If autside carporate limits, verent tawel Burnie	write c. LENGTH OF STAY IN 16 4 years	11 6	utside carporate limits, write RURAL ann Burnie	d give nearest lawn)
d. NAME OF HOSPI OR INSTITUTION	Anne Arund Annapo	el Hospital lis.Md.	d STREET ADDRESS 1	3 Preston St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Jenniif		HALES	4. DATE October	35°, Yea60
s. sex Female		MARRIED NEVER MARRIED XX		# Tr yrs.	ER LYEAR IF UNDER 24 HRS. Days Hours Min
during Chi If	ON (Give kind of work dans king life, even if retired)	none		ox, Virginia.	USA
13. FATHER'S NAME			14 MOTHER'S MAIDEN N		
	se W. Hale		Helen P		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO. 17 M	Irs.Helen P.	Hales (mother)	same addres
	ATH (Enter only one cause ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c) ] Pneumonia, g	generalized	and diffuse.	S MOCKE ONSET AND DEVEN INTERNAL BETWEEN
Conditions, if c gave rise to cause (a), stating lying cause last.	the under-				
\[ \frac{1}{2} \]	Cere	ons contributing to death but bral palsy, spa	TNOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN P. EVERE DEGREE.	ART 1(a) 19 WAS AUTOPSY PERFORMEDRY YES NO 1
	AS UNDERLYING [] 206 G CAUSE OF DEATH MEDICAL EXAMINER]	None	ED. (Enter noture of injury in P	grit ar Part II of ilem 18 )	X
		20d INJURY OCCUPRED 20e. Pt. Mile Not the fact work at work 1	LACE OF INJURY (Hame, form, octory, street, office bldg., etc.	20f. (City or town)	(Caunty) (State)
	not I attended the de Oct.15	ceased framJan 3 1960, and that death	n occurred at 5:10	M, from the causes and on ADDRESS (Street, city or lown, state) itchie Hwy.,	
PHYSICIAN'S NAME (Type)	H.F. Manuz	ak,M.D.	Glen Bu	rnie,Md.	
220. BURIAL, CREMATIC REMOVAL ISpecify	ON, 226 DATE THEREOF	Bolla Ha	OR CREMATORY	22d LOCATION (City, lown, or county	2a (State)
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS Fun	467	BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE & KILLIA

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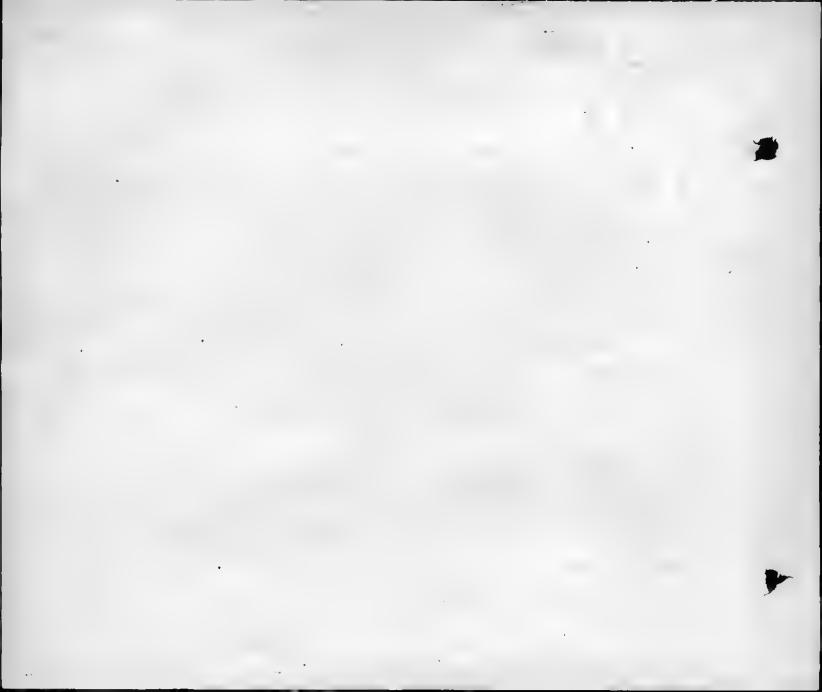
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MARYLAND S	TATE DEPARTM	ENT OF HEALTH	BALTIMORE, 1	-	
11005	CERTIFICA	ATE OF DEATH		Reg. Dist. No	10958
1. PLACE OF DEATH  COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	Same <sup>b</sup> . COUNTY	on- Residence befo	re admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Lurnie	LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Same	utside corporate limits, write R	URAL and give ne	orest town]
d. NAME OF HOSPITAL (If not in hospital, give street ode or institution  Fifth Avenue and Manor Rd.	dress]	d. STREET ADDRESS Same	1		e, IS RESIDENCE ON A FARM? YES NO A
3. NAME OF First DECEASED (Type or print) Desse Eving Fa	Middle rding	Lost	4. DATE Mon OF DEATH Cctob	er 7th.	1960
5 SEX 6 COLOR OR RACE 7. MARRIED WIDOWED		March 15,1	891 9 AGE (In years last buthday) yrs	Months Days	Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b. KII during most of working life, even if retired)  Ge	eneral repa	,	or foreign country)	USA	OF WHAT COUNTRY
Robert Harding		Martha			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO [Yes. no. or unknown] [H yes, gryg wat or dates of service] 13		nformant rs Martha l	Harding- Wit		s # 1
18 CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) AT TUE		eardiovascular	diseases wit		ERVAL BETWEEN SET AND DEATH
Conditions, if ony which ) (b) CON	gestive heart				months
		gith histus he			
PART RI. OTHER SIGNIFICANT CONDITIONS COI				/EN IN PART 1(o)	PERFORMED? YES NO 2
OR CONTRIBUTING CAUSE OF DEATH		D. (Enter nature of injury in P			
Hour o. m 19 While of work [	Not while for ot work	ACE OF INJURY (Home, form, clory, street, office bldg., etc.	20f. (City or town)	(County)	(Stole)
21. I certify that I attended the deceased alive an 10/5/60 19	fram_ 0/24/00	Transport Parameter Inchine	)/7/6), 19 _M, from the causes of		aw the decease
1	ibertub.		ADDRESS (Street, city or town,		DATE SIGNE
PHYSICIAN'S NAME (Type) Gustave F. Faube	ert.H.D.	aller spån sjän sjän sjän sjän skar skap sån gan span skap siller sälle sjän sjän sang span sjä			
200 BURIAL CREMATION, 226. DATE THEREOF 200 Ct. 8,1960	22c. NAME OF CEMETERY O		22d LOCATION (City, town, New Philade	• • •	(Stote) Ohio
23. FUNERAL DIRECTOR'S SIGNATURE HODGING and Virkelon	Address Glen Bur	240. RECT	A D. E. M. 11 (2011)	Cithur & f	



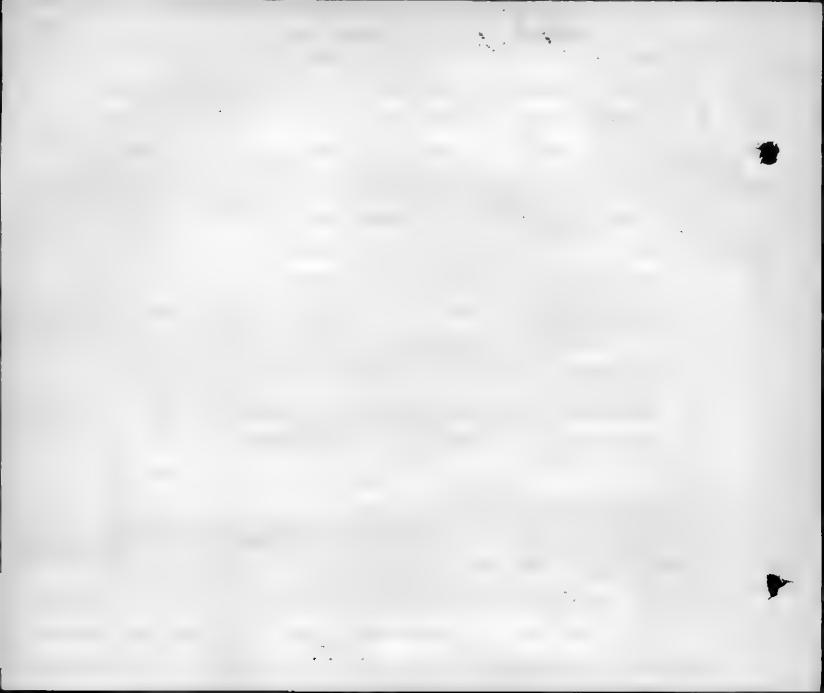
VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10959

F	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived alf institution: Residence before admission)
1	o. COUNTY MARYLAND	o. STATE / an uland county
	OTY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b	CITY OR TOWN (If autside carporale/limits, write RURAL and give nearest lown)
1	1 May ou Mix	CAMELOOUS .
	OR INSTITUTION:	e is residence ON A FARM?
	8/0 SPAIR OUL	DI DISTULL DOLL YES NOTE
1	3. NAME OF DECEASED First Middle //	lost 4. DATE Month Day Year
	(Type or print) Health He	WULLY DEATH (C) 1960
	5 SEX 6. COLOR OR PACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH  9 AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS  (gst birthdoy) Months Days Hours Min
	SUMULL COL, WIDOWED DIVORCED	5-50-18/8/8/6 m
	100. USUAL OCCUPAT ON (G ve kind of work done 10b. KIND OF BUSINESS OR INDL during most of working life, even if retired)	JSTRY TO BITTHPLACE (State or Greign country) 12. CITIZEN OF WHAT COUNTRY?
	Howelvier !	Management of the
	13' FATHER'S NAME	YAJAGTHER'S MAIDEN NAME
4	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 112-1	INFORMANT Address,
	[Yes, no, or unknown] (If yes, give war or dates of service)	1010 ( im nort 1061194)18 West Sie
-	1B. CAUSE OF DEATH [Enter only one couse per lipe/for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY.	DALES COLD LE COLD ONSET AND DEATH
	IMMEDIATE CAUSE (o)  DUE TO	
	Condition of an Alash V	
	gove rise to immediate	
	couse (a), stoting the under   DUE TO	der it pleases in
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
٠	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	YES NO
, Section	TO ACCORD TO WAS IN INCOMED TO 1204 DESCRIPT HOW IN ILLIAN OCCURN	ED. (Enter nature of injury in Part I or Part 1) of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	2	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) octory, street, office bldg., etc.)
	Hour a.m.    Hour a.m.   19   While   Not while   19   of work   of work   19   O	
	21. 1 certify that (I) (this haspital), extended the deceased fram.	1 1 19/5, ta . U 1 160, 19 , that (1) (we) last
-	saw the deceased alive on 1950, and that	death accurred at
-	220 SIGNATURE	ATTENDING MED. STAFF 22b DATE
1	22 BUNG FLANCE	M.D. PHYS. DIRECTOR PHYS
-1	22c PHYSICIAN'S NAME (Type) A T LLL	22d ADDRESS
-	1711 /7	
1	230 BURIAL, CREMATION, 236 DATE THEREOF 23c) NAME OF CEMETERY	OR CREMATORY 236. LOCATION (City, toyh, or country) (Stole)
4	15/1/20 10-4-1960 V/W, Our	ou com. Illosporentino
1	2) FUNDRAL DIRECTOR'S SIGNATURE	250. REC'D BY RECTSTRAR 25b. REGISTRAR'S SIGNATURE
l,	March Jen H. In Mille	OE DATE DATE 160 Chailes & Krawa

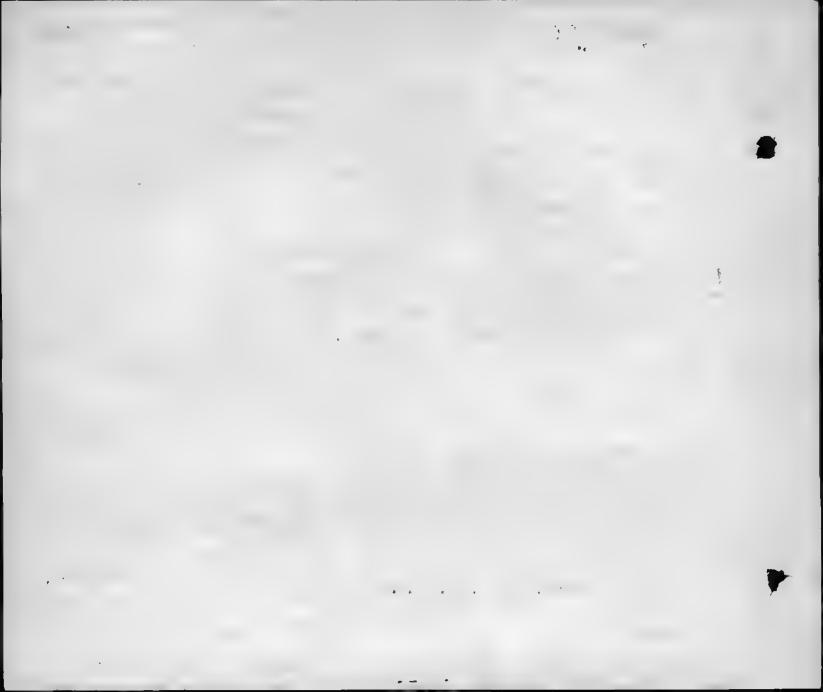




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland filed o. COUNTY Arundel b COUNTYAnne Arundel MARYLAND b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ge G RURAL and give nearest town) Mayo, Maryland Annapolis d NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE Anne Arundel Hospital ON A FARM? 117- Beverley Ave. 24 haurs YES NO P NAME OF DATE Middle Month DECEASED ISAAC Oct. 22nd. DEATH oges (Type or print) 19 7. MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (in years last birthday) Months Male White DIVORCED T Feb. 3- 1895 WIDOWED | yrs. popers. Ē comp 10cm/USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if refired)
Retired St. Elizabeth Hosp. Iowa USA and upo 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 500 Mary E. Taylor Phillip Hilderbrand remove 17, INFORMANT Address IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Yes Mrs. Augusta W. Hilderbrand Same as attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' **DUE TO** gave rise to immediate DUE TO couse (a), stoting the underlying cause last **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f, (City or town) Doy. (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Not while at work at work p. m. 21. I certify that (I) (this hospital) attended the deceased fram. Oct. 21. 1960, ta Oct. 25, 1960, that (I) (we) last Och 22 1960, and that death accurred at 1144M, from the causes and an the date stated above. saw the deceased alive an.... RECTOR: 226. SIGNATURE 22b, DATE SIGNED ATTENDING PHYS. è M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME [Type] 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d, LOCATION (City, town, or county) 25-60 Arlington National Cemetery Arlington, Va. 2 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25g. REC'D BY REGISTRAR OCT 2 4 '60 1SM 9/59 ark 5



12 1 DI	ems 20821 Film 274 1 MARYLAND STATE DEPARTMENT OF HEALTH
	Division 100 STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, if institution: Residence before edmission at COUNTY
necessary, ector. Page our fleath,	Anne Arundel MARYLAND 6. STATE Maryland 6. COUNTY Anne Arundel
# F # 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest fown)
d'rector	ANNA POLIS 10 Annapolis
lay is for and Board	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  on A FARM?
9	14 CYPRESS RD 14 Cypress Road YES NO NO
era Star	3. NAME OF First Middle Last 4 DATE Month Dey Yeer DECEASED
## - 2 -	(Type or print) COLEMAN KOBERT HINDLE DEATH October 26 1960
m eva — D	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER TYEAR   IF UNDER 24 HRS.    Age (In years   IF UNDER TYEAR   IF UNDER 24 HRS.     Annihi   Days   Hours   Min.     Months   Days   Hours   Min.
	Male White WIDOWED DIVORCED DEPT 10 1430 yrs.
s 1, 2, a sge 5 ; 1 and 2	10e. USUAL OCCUPATION (Give kind of work applife, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (Stele or foreign country)  12. CITIZEN OF WHAT COUNTRY
hours. 3. Pages 1, 2 9es 1 a	13. FATHER'S NAME  14. MOTHER'S MADE NAME  14. MOTHER'S MADEN NAME
vithin 24 hour 8. Give Peges form PM3. P. it. File pages event within	D D II' and Dail H
EGE E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT () Address
ited wit frem 18. with fo permit.	(Yes, ng (dunkown) (If yes give werordeles of service) 215-28-0912 HELEN L. HINDLE (WIFE) # 2
item item with with perm	18. CAUSE OF DEATH lenter only one cause per line for (e), (b), and (c).]
certificate should be executed within 24 hour da "pending" in pencil in item 18. Give Pages Examiner's Office along with form PM3. Pabe used as a burial-trans.) permit, File pages 1 nation, or removal, and in any event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Cyanide Intoxication. ONSET AND DEATH
be excending the second of the	171 8 DUE TO
should by Should by Office a burial removal,	Conditions, if any, which (b)
sho sho sho sho sho sho sho sho sho sho	geve rise to immediate cause [a), slating the underlying DUE TO
"pending xaminer's used as a sion, or re	cause lest. (c)
certificate red "pendin" le Examiner be used as nation, or red	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
MEDICAL EXAMINER: This certifue the certificate, writing the word "periorwarded to the Chief Medical Examination of the agent, prior to burial, cremation.	YES NO T
file word Medical Should b	20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.)
INER fing the nief A buria	Ovanite incollection
writing Chief age 3	Hour e.m. While Not While fectory, street, office bldg., etc.)
MEDICAL EXAMINER: the the certificate, writing the forwarded to the Chief Me L DIRECTOR: Page 3 sho sted agent, prior to burial,	
TEDICAL EX the certificate, reverded to th DIRECTOR: ed agent, prior	21. I certify that I took charge of the remains described above, held an Autopsy Inspection II, Inquiry Inquir
DICA arded arded agent,	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
MEDICAL  the cariffic  orwarded to  orwarded to  orwarded to	ACTUAL ASSISTANT MEDICAL EVANUAGE TO DATE SIGNED
AT. AT.	DEPUTY MEDICAL EXAMINER 7
PUT ME the the the the the the term NEAL Did designated	NAME (Type) William V. Lovitt, Jr., M.D. Address (Street, city, town, or county)
beput Messe should be for FUNERAL 1	22e. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stefe)
0 240 9	BURIAL NOU 1, 1960 45 NATIONAL CEM. HUNAPOLIS MD
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS 246. REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 7/59	JOHN M. TAYLOR. SONS ANNAPOLIS MO DATE 20180 THE & KIND
	GCI 2.0



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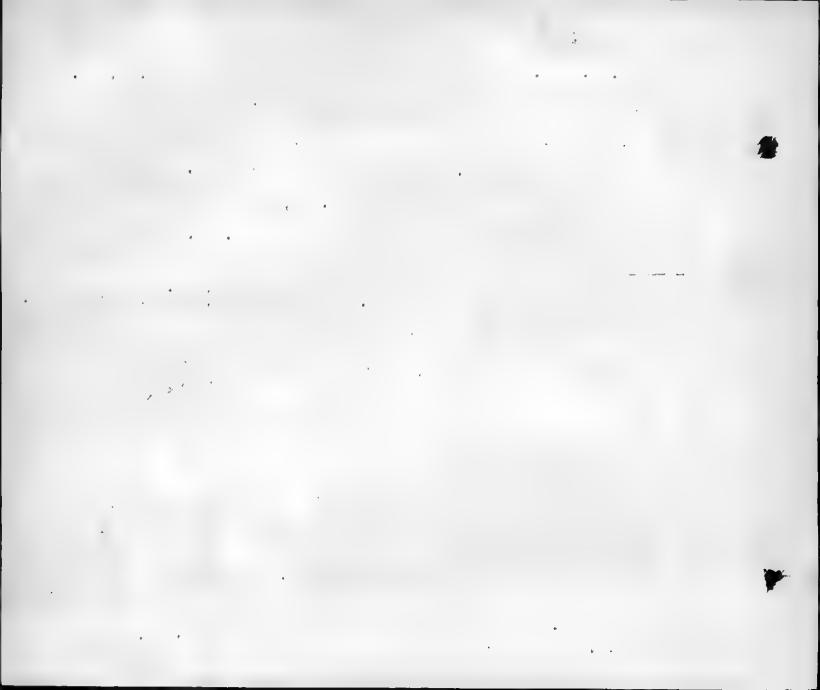
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MARYL	AND STA	TE DEP	ARTMENT	OF	HEAL	TH

11006 CERTIFICATE OF DEATH

10963

T PLACE OF DEATH  a. COUNTY  A. A. CO. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE
b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest lawn)
Glen Burnie 3 months	Glen Burnie
d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Box 727, Margate Drive	Box 727, Margate Drive
3. NAME OF DECEASED (Type or print) Sarah "Sadye" B. Hobson	4. DATE Month Oct 17/60 Day Year
S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
Pemale White WIDOWED X DIVORCED	Jan. 25, 1888 Jost birthdoy! Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU	
Retired Bookkeeper Yale Arrow Lau	ndry Balto. Md. USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Brooks	Unknown
	NFORMANT CLICATE TO THE ADDRESS TO T
(Yes, no, or unknown) (If yes, give war or date of service)	Gien Burnie, Md.
Mr	
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO  Canditions, if ony, which )	Hemorkage interval Between onset and Death of State
gave rise to immediate cause (o), stating the under-lying cause lost.	Lizez
CATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NO X
OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED, (Enter noture of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) troy, street, affice bldg., etc.)
21 I certify that (1) (this hospital) oftended the deceased from 1 saw the deceased alive on 1942 1942 and that a	death accurred at AM, from the causes and on the date stated above.
220 SIGNATURE KLIS T. Kalry	M. D. PHYS MED DIRECTOR PHYS.   22b. DATE
PAME (Type) L-11/5 T. LALY M.	D. 18 HIGH ANT alx Bitains 1
23a. BUR A., CREMAT ON, 23b. DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or county) (State)
Burial Oct. 20/60 Greenmount	Roll 4 :
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS WITZKE F.D. 4101 Edmondson Ave	25g. REC'D BY REGISTRAR 250 RECISTERS'S SIGNATURE
	DATE OCT 1 9 '60 Oct 9 Fine



TO HOLLITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exemuted within 24 llaurs after death. Page 4 may be related by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled the variety prectar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages 1 shauld be shared far use as the burial-transit permit. Then please remove carbon pages 1 shauld be detached far use as the burial, are marked, and in any every within 2 haurs after death

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10364

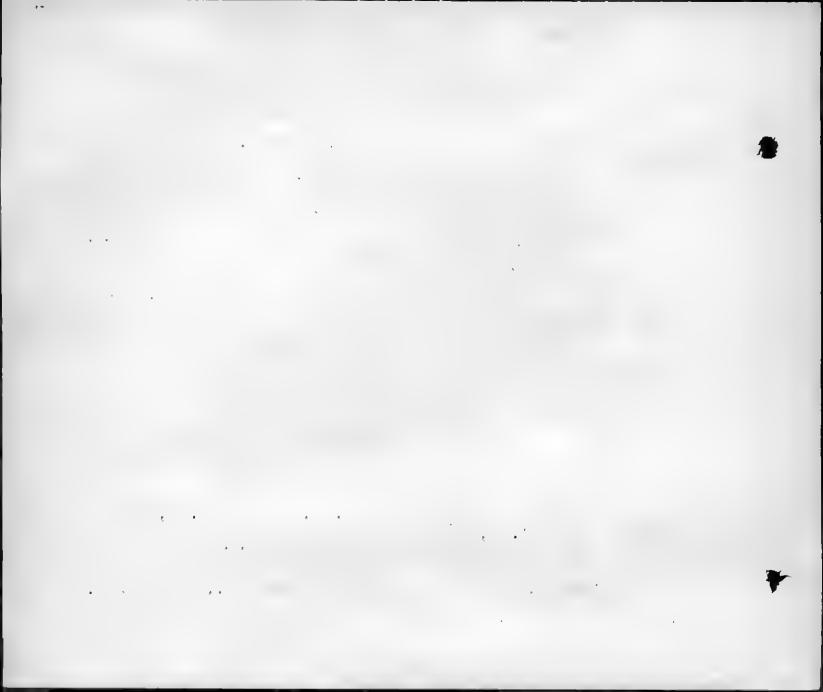
1	1007	ION OF	CERTIFIC	AT	E OF DEATH		MARITAND		103	04
PLACE OF DEATH O. COUNTY Anne Ar			MARYLAN	- 11	2, USUAL RESIDENCE (WE D. STATE  Maryland	nere decease	d lived. If institution: b. COUNTY Prince	des	before odm	ission)
RURAL and give r	ille		c. LENGTH OF STAY IN 1  2 years  3mo 24 day		c. CITY OR TOWN (If a			AL and give	X -	1
OR INSTITUTION	TAL (If not in hospitol, g				d. street address  Unknown			* -	ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fir Nat		Middle		Holley	4. DATE OF	Month 10		Day 31	Yeor / 19 60
5. SEX	6. COLOR OR RACE	7 MARR	NEVER MARRIED	- 1	DATE OF BIRTH				YEAR IF UN	
			KIND OF BUSINESS OR IN		RY 11, BIRTHPLACE (State	or fareign o			EN OF WHAT	COUNTRY?
Odd Jobs in	Hotel				14. MOTHER'S MAIDEN I	yland			U.S.A.	
James Hol	lev				Fannie ?	TOTAL				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1	7 INF	ORMANT		Address	;		
Unknown	(If yes, give wor or dates of s	ervice)	Unknown		Hospital 1	Record	ls			
gave rise to couse (a), stating	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause last.  DUE TO  (b) ARTERIOSCIERATIC (aRdioVasQuiare.  DUE TO  DUE TO  DISEASE									
CATIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.)									
OR CONTRIBUTING	OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)									
ZOc. TIME OF INJU	RY Month, Doy, Ye	ar 20d II While at war	while		E OF INJURY (Home, form ory, street, office bldg., etc		y ar town)	(Co	ounty)	(Stote)
1	21 I certify that (I) (this haspital) attended the deceased fram. 7/7									
22c PHYSICIAMS NAME (TYPE)	und learn	No.	IN DEU, and the		.D ATTENDING MPHYS. D	IED. IRECTOR	STAFF PHYS.		10	22b DATE SIGNED /31/60
1,74	Hildegar		Reissmann, M			AJTTS	State Hosp	pital	, Ma.	
23a. BURIAL, CREMATI- REMOVAL (Specify DURIAL	11- 4-	60	23c NAME OF CEMETER		CEMETERY	UP	TION (City, town, or or PPER MARL	BORG	MA.	ote) RYLAN
124 FUNERAL DIRECTO	S SIGNATURE	18	20 -7 154 g,	W.	250. REC	D BY REGIS	TRAR 25b. REGISTR	RAR'S SIGI	NATURE	



VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH 1 0 0 C DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10964 CERTIFICATE OF DEATH								10	10965		
1.	PLACE OF DEATH o. COUNTY	Anne A	n runde:	] MAR	/LAND	2. USUAL RESIDENCE (Who o. STATE Mary)		b. COLINTY	Residence before		
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Annapolis						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to					
A	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS				IS RESIDENCE ON A FARM? YES NO DO	
Anne A undel General Hospital					lost	Day					
	DECEASED (Type or print)	William		٢.		HOPKINS	OF DEATH	October		L 19 60	
l .	SEX	6. COLOR OR RACE		ED NEVER MARRI	ED 🔲	B. DATE OF BIRTH	9.		Months Days	IF UNDER 24 HRS Hours Min.	
	Male	White	WIDOWE			May 5, 1888		72 yrs.			
100	duling prost of way	ON (Give kind of work the line) of the line of the lin	done 10b. I	moles &	OR INDU	STRY 11. BIRTHPLACE (Stote Mary	_	ntry)	U.S.	WHAT COUNTRY!	
13.	ATHER'S NAME	1/		-/	1	14. MOTHER'S MAIDEN N		•			
15	WAS DECEASED EVE	W U. S ARMEDIFOR	CES? 16. 5	SOCIAL SECURITY NO	17 IN	Sarah FORMANT	m	Mr. Apidres	5	.000	
(Y1		(If yes, give war or dates of I			1	lyde W. 1	toph	ns Tho	mas IT	md.	
		THE LETTER ONLY ONE CO	use per lin	e for (g), (b), and (c).			/ .		ONSI	RVAL BETWEEN	
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cloube my carelial infurction 2								2 DA-		
	Conditions, if any, which										
	gove rise to immediate ( )										
	couse (a), stoting the <u>under.</u> 1 lying couse lost.  (c)										
Z O	PART 31. OTF	IER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVEN	IN PART 1(a) 19	P WAS AUTOPSY PERFORMED?	
CATION											
CERTIFI											
MEDICAL	20c. TIME OF INJUR Hour a.m. p.m.	Y Month, Day, Ye	or 20d. IN While at wark	BURY OCCURRED  Not white of work		ACE OF INJURY (Hame, farm, stary, street, affice bldg., etc.		r town)	(County)	(Slote	
	21. I certify that (I) phisphophic) attended the deceased fram. Sept. 14, 1960, to Oct. 31, 1960, that (I) Pag las										
	saw the deceased alive an Oct 31 1960, and that death accurred at M, from the causes and an the date stated above										
	ATTENDING MED STAFF									226. DATE SIGNED	
	22c PHYSICIAN'S NAME (Type)					22d. ADDRESS				7	
	<u></u>	Richard N.					ral St.	Annape	lis, Md.	·	
230	RURIAL, CREMATIO DEMOVAL (Specify)	N. 23b. DATE THEREC	1966	230 NAME OF CEM	ETERY O	r CREMATORY	Orio	ON (City, town, or	md.	(State)	
24	FUNERAL DIRECTOR	5 SIGNATURE S.	styles	annapo .	e:	700-01	OV 3 16	_	RAR'S 5 GNATUR		



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY director. Page Health, **b.** COUNTY IS Decessary, files. MARYLAND CITY OR TOWN I'll outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL and give nearest town) Your ٠<u>٠</u> Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS State death. 3. NAME OF 4. DATE DECEASED Ida and 3 to the OF (Typa or print) DEATH 10 With S SEX 6 COLOR OR RACE 19. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED age 5 may 1 and 2 wil 72 hours last birthday) WIDOWED K D. VORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. Page Give Pages 1, orm PM3. Page done during most of working life, even if retired) Md. Housewife pages 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 8 (Yes, no, or unkown) (Ifyasquvewarordatesofservice) in Item 18. None A. Melvin Huntt-son Edgewater, Md with NO 18. CAUSE OF DEATH [Enter only one cause per I na for (a), (b), and (c).] along , PART I, DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) in Denci Office DUE TO burial Conditions, if any, which gave risa to immediate causa DUE TO (e), stating the underlying SE causa last. PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 at 19. WAS AUTOPSY CERTIFICATION cremat Medical plnous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW NURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. Chief age 3 : 20c. THE OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20o. PLACE OF INJURY (Home, farm, 20f. (Clty or town) 956 jectory, street, office bldg., etc.) Whila Not While the R. Pa at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 0 0 D should be forwarded FUNERAL DIRECT Natural causes Homicide Undetermined manner death resulted from: Accident Suicide CHIEF MEDICAL EXAMINER e the ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S bluods NAME (Typa) DEPU Address (Street, city, town, or county) 22e. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Cedar Hill Cem. Suitland, md. 40 9 ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR A15ME arthur S. Krous .Wm.Lee's 300-Ath St.N.E.

LAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM? YES NO NO

1960

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO [

(State)

and in my opinion

DATE SIGNED

(Stata)

12. CITIZEN OF WHAT COUNTRY?

.S.A.

(County)

5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edm ssion) e. COUNTY of Health director. Page is necessary, **b.** COUNTY Anne Arundel MARYLAND 2177 Land b. CITY OR TOWN (if outside corporate firm ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Millersville d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Asphalt Co. Indian Landing Rd. YES NO T Roliable 3. NAME OF MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any te the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the items and the Chief Medical Examiner's Office along with form PM3, Page 5 may be retained to the Chief Medical Examiner's Office along with form PM3, Page 5 may be retained to the Chief Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stried agent, prior to burial, cremation, or removal, and in any event within 72 hours after dea Middle 4. DATE DECEASED (Type or print) DEATH October 3rd. Harry Vayne Ingram
6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 19 60 B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Hours WIDOWED [ USUAL OCCUPATION IG ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) USA Dulldozor Coerator Ferrum. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clemence Carter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of servica) Marvin Ingram, Millersville, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Sudden Crushed\_chest DUE TO Conditions, if any, which geve rise to immediate cause assections the certificate, writing the word "pending" though be farestided to the Chief Medical Examiner's PUNERAL DIRECTOR: Page 3 should be used as a DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20%. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enlar nature of Injury in Part I or Pert II of Itam 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. Was driving a front end loader, when it turned on the side. 20d. INJURY OCCURRED & 20e, PLACE OF NJURY (Homa, farm, ' 20f. (City or town) Month, Day, Yeer (County) (Stata) factory, streat, office bldg., atc.) Not Whila et work at work p.m. 70/2/60 19 Reliable Asphaltico. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection T Inquiry X and in my opinion designated agent, death resulted from: Natural causes Accident | v Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 45 EXAMINER'S NAME (Type) Gustave H. Faubert. 1.D. Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State) DREMOVAL (Specify) Z40 6 VS. A15ME 5M 7/59



the funeral director, shauld be fired with

Page 4

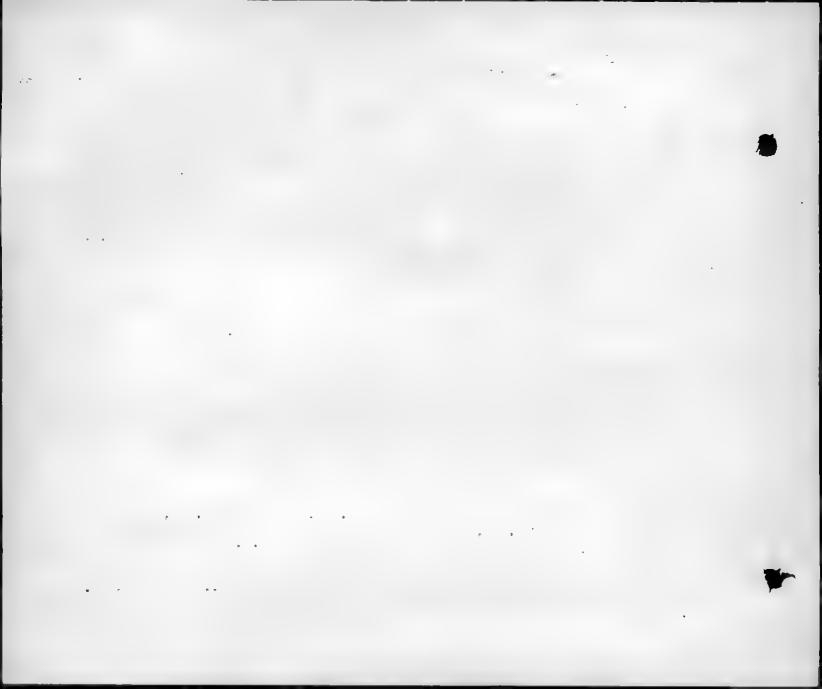
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	109	OO		CERTIFIC	CATE C	F DEATH			=10	303			
	1. PLACE OF DEATH D. COUNTY	Anne Ar	undel	MARYLAI	11 0 5	AL RESIDENCE (WI		b COUNTY .	Residence bef				
	RURAL and give ne	outside corporate limi arest town) IPOLIS	ts, write c LEN	IGTH OF STAY IN	N 1b c CITY OR TOWN (If outside corporate limits, write RURAL and Annapolis					give nearest town)			
2	d. NAME OF HOSPITAL (If not in hospito), give street oddress) OR INSTITUTION Anne Arundel General Hospital					1. STREET ADDRESS 127 O'Berry Court					e. IS RESIDENCE ON A FARM? YES NO A		
3	3. NAME OF DECEASED (Type or print)	Berth		Middle		JA COBS	4. DATE OF DEATH	Month Octobe			Yeor 1960		
	Female	6. COLOR OR RACE	7. MARRIED WIDOWED X	NEVER MARRIED DIVORCED		22-18	88 1		Months Days	Hours	Min		
	100. USUAL OCCUPATION during most of work	DN (Give kind of work ing life) even if retired	done 10b. KIND (	ND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  Maryland					12 CITIZEN OF WHAT COUNTRY?				
1	WAS DECEASED EVE	LONI RIN U. S. ARMED FOR	ICES? 16 SOCIAL	2676 VC	17 INFORMAL	OTHER'S MAIDEN I	SO C	ralv	Br	ca	22		
	(1'es, no, or unknown) (If yes, give wor or octes of service) We mark Jecets 1270 bery Court										of		
	PART I. DEA'  5 8 5  Conditions, if or gove rise to incouse (a), storing lying couse lost.	nmediote DUE TO	Acut	Ohol	cy	latin	* del	nyclical		TERVAL BI	DEATH		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(o) 19 WAS AUTOPS'S PERFORMED?  YES NO CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTI									DRMED?			
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED  While Not while of work of twork of two								(State)				
}	saw the deceas 220 SIGNATURE  22c. PHYSICIAN'S NAME (Type)	Trank 74 Shiffy M.D. ATTENDING MED STAFF 10-25 SIGNED PHYS DIRECTOR DIRECTO											
Q.	23a. BURIAL, CREMATIO REMOVAL (Specify) 24.) FUNERAL DIRECTOR	10-29-	1960 :	NAME OF CEMETE LOVE ADDRESS	ers)		23d IDCATR	ON (City, toyri, or GIVE AR 25b REG ST	RAR'S SIGNATI	URE	re)		

TO HOSPITAL ADR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death may be right by the haspital or altending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 occurs should be fit the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59



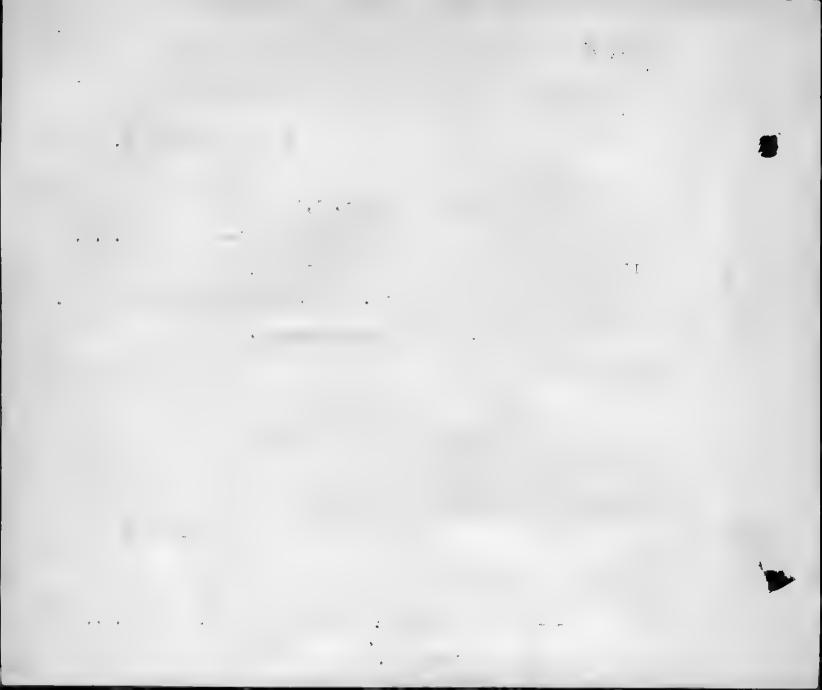
11009 **CERTIFICATE OF DEATH** Rea, Dist. No. director ) PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE **b** COUNTY erol b. CITY OR TOWN (If outside corporate limits, write ě c. LENGTH OF STAY IN 16 c \_CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) RURAL and give necrest town) the fune shavid i d. NAME OF HOSPITAL (If not in hospital give street eddress) d. STREET ADDRESS e. IS RES DENCE OR INSTITUTION ON A-FARM? YES NO NAME OF Middle 4. DATE Month Yeor filled 18 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 9. AGE (In years DATE OF BIRTH HE UNDER TYEAR IF UNDER 24 HRS Months WIDOWED T DIVORCED papers. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 deoth. BIRTHPLACE (Stote of foreign country) 12 CHIZEN OF WHAT COUNTRY during most of working life even if retired) 七く人 ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** permit. Sun Conditions, if any, which gned gove rise to immediate **DUE TO** couse (o), sloting the under-Puo lying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO' 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or fown) (County) (Slote) Hour o. m. foctory, street, office bldg., etc.) While Not while p. m. of work 21. I certify that I attended the deceased from. 19\_\_\_\_that I last saw the deceased and that death occurred at M, from the causes and an the date stated above ADDRESS (Street, city or lown,-state) **ACTUAL** SIGNATURE PHYSICIAN'S FUNERA NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE V5 A15 (4) DATE OCT 2 0 '60 15M 10/57 arthur & Henrie

24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Division of STATISTICAL RESEAR **BALTIMÖRE 1. MARYLAND** Items = 172 - File Contact RESIDENCE [Where daceased lived, If institution, Residence before edmiss on] L PLACE OF DEATH e. COUNTY necessary, actor, Page y is necessary director. Page a. STATE Anne Arundel MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c LENGTH OF STAY IN 1h write RURAL and give nearest town) Crownsville Baltimore IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (finot in hospital, give street address) 10 Crownsville State Hospital YES NO TO 3 NAME OF DECEASED OF (Type or print) DEATH **JOHNSON** 1950 ELT JAH October 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest\_birthday) Months ! Hours Mar. 1882 106. KIND OF BUSINESS OR INDUSTRY I IDE. USUAL OCCUPATION IG Ve kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. North Carolina Waiter form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME D11 Johnson 8. Give Tillie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO , 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or detes of service) Mrs. Edna Johnson 723 Dolphin St. 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c) ) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Undetermined Skeletal Remains. IMMEDIATE CAUSE (a) Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER S.GN FICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19. WAS AUTOPSY PERFORMED? NO hould 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ease extracted the certificate, writing the chief is thould be forwarded to the Chief is FUNERAL DIRECTOR: Page 3 s 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Homa, ferm, 20f, (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inqu'ry and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER TY DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER [ October 3, 1960 EXAMINER'S NAME (Typa) Address (Streat, c'ty, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Arbutus Balto.Co.. 40 Burial Arbutus Mem Park 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME OCT 4 Orthur S. Kraus 5M 7/59 DATE



1011	CERTIFICA	TE OF DEATH	1	Reg. Dist. No.	8
Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE			ion)
WN (If outside corporate limits, write give nearest town) <b>Bk</b>	c. LENGTH OF STAY IN 16			RURAL and give nearest town	1)
TION		d. STREET ADDRESS 325 Cres	well Rd.		IDENCE FARM? NO []
First Elizabe	Middle May	Jones	OF _	A = "	Year 19 <b>60</b>
WIDOWED	DIVORCED	Sept. 12, 1	.901. lost birthdoy) 59 yrs	Months Dave House	R 24 HRS Min
HOUSEWIIE	IND OF BUSINESS OR INDUST	TRY 11 BIRTHPLACE (Stote	or fareign country)	12. CITIZEN OF WHAT C	OUNTRY?
nk.		Unk•	IAME		
ED EVER IN U. S. ARMED FORCES? 16. SO	OCIAL SECURITY NO. IN	Family			
if ony, which to immediate oling the under-lost. (c)	himany Care	more of	Brent		
				PERFO	AUTOPSY RMED? NO 🔼,
NT WAS UNDERLYING 206. DESCR JTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	(Enter noture of injury in f	ort I or Port II of item 1B )		
o m. White	Not while   foct	CE OF INJURY (Home, form ory, street, office bldg, etc.	20F. (City or town)	(County)	(Stote)
Archer 12 Soons	o C , and that death	accurred at	M, fram the causes at ADDRESS (Street, city or town	nd an the date stated , stole Jing & DATI	abave.
MATION, 22b, DATE THEREOF	22c. NAME OF CEMETERY OR				e)
	Arme Arundel  WN (If outside corporate limits, write give nearest fown)  Bke  IOSPITAL (If not in hospitol, give street or tion)  325 Creswell  First  First  Filizabe  6. COLOR OR RACE   7 MARRIE   WIDOWEE   WIDOWEE	ATTICLE AT LINE AT LIN	ATTIME ATUNCE  MARYLAND  WARYLAND  C. CITY OR TOWN (If o or STAY IN 1b)  C. ATTENDARY OR THE AND IN TAKE IN TOWN (IT or STAY IN 1b)  C. CITY OR TOWN (If o or STAY IN 1b)  C. CITY OR TOWN (If o or STAY IN 1b)  C. CITY OR TOWN (If o or STAY IN 1b)  C. CITY OR THE AND IN TAKE IN	ATTICE ATUNDED  MARYLAND  WIN If outside corporote limits, write c. LENGTH OF STAY IN 1b  BKe  C. CITY OR TOWN (if outside corporote limits, write give recores fown)  BKe  C. CITY OR TOWN (if outside corporote limits, write c. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporote limits, write give recores fown)  BKe  C. CITY OR TOWN (if outside corporote limits, write c. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporote limits, write give recores fown)  d. STREET ADDRESS  32.5 Creswell Rd.  First  Middle  K1.12abeth  May  JONES  6. DATE  JONES  9. AGE (In year lost bigliogy)  9. AGE (In year lost bigliogy)  10 JUNCACED  DIVORCED  11. MOTHER'S MAIDEN NAME  Unike  11. MOTHER'S MAIDEN NAME  Unike  DEVER IN U. S. ARMED FORCES?  If you, give were destreated service)  If you, give were destreated services  If only, which to immediate lost of services  In DEATH WAS CAUSED BY.  LOEATH WAS CAUSED BY.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN MAIDEN MAIDEN  TIMES  DUE TO  LOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN MAIDEN MAIN.  TWAS UNDERLYING D.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN MAIDEN ADMINISTRY (Enter noture of injury in Port I or Port II of item 1B)  TIMES  DIVERTY MONTH, Doy, Year 20d, INJURY OCCURRED  White Not	ATTICL STORY ON IT OF COUNTY  ATTICLE AT UNITS  MARYLAND  2. USHAN RESIDENCE (Where deceased lived. It institutions. Residences before admiss b. COUNTY  ACCOUNTY  MARYLAND  2. USHAN RESIDENCE (Where deceased lived. It institutions. Residences before admiss b. COUNTY  B. COUNTY  A COUNTY  A COUNTY  A STATE Md.  C. CIT OR TOWN (If outside corporate limits, write RURAL and give nearest how give ne

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) e. COUNTY o. STATE b. COUNTY A vanc) MARYLAND burial, BCCITY OR TOWN (If purside corporate limits, write RURA) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO F NAME OF Middle 4. DATE Last Month Year DECEASED OF DEATH (Type or print) 19 6 5. SEX 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. last birthday) Days Min. WIDOWED [7 DIVORCED [7] yrs. 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if ratired) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? g 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 11.124 IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPS PERFORMED? NO F 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1) of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bidg., etc.) While Not while a. m. p. m. of work of work 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection Inquiry F, and find that death resulted fram: Natural couses Suicide , Hamicide , Undetermined cause ACTUAL SIGNATURE **DATE SIGNED** CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** cute the NAME (Type). DEPUTY MEDICAL EXAMINER FUNE 220. BURIAL CREMATION, 1226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRES 244 REC'D BY REGISTRAR Ab. REGISTRAR'S SIGNATUR VS. A15ME(5) DATE 5M 9/55

O DEPUTY MEDICAL EXAMINER:

16000



ofter death. Page



Reissmann. M. D.

23c. NAME OF CRIMETERY OR C

e. IS RESIDENCE ON A FARM?

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

31

U.S.A.

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Year

1960

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RIBUTING TO DEA	ATH BUT NOT	RELATED TO	THE TERMI	NAL DISEASE (	CONDITION	GIVEN IN PART 1	PERI	S AUTOPSY FORMED?
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OCCURRED Notwhile at work		OF INJURY (		20f. (City a	r town)	(Ca.	inty)	(State)
he deceased 19 <u>6</u> 0, and								
	M.D.	ATTENDIN PHYS 22d, ADDR		ED RECTOR []	STAFF PHYS		1	226 DATE .0/31/6
n, M. D.		Crow				ial, Mar	yland	l
NAME OF COME	CLERY OR CR	MATORY		236. 100 AU	The same	n, or caunty)	(SI	910
ADDRESS /	an Se	8.	25a. REC'I	BY REGISTRA OV 3 '60		GISTRAR'S SIGN		
	.,	-						

Month

10

Address

Months

TO HOSPITAL TO FUNERAL poge 3 sh the Store VR A1S (4) 15M 9/S9

ed by the RECTOR:

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of Health

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be

saw the deceased alive an

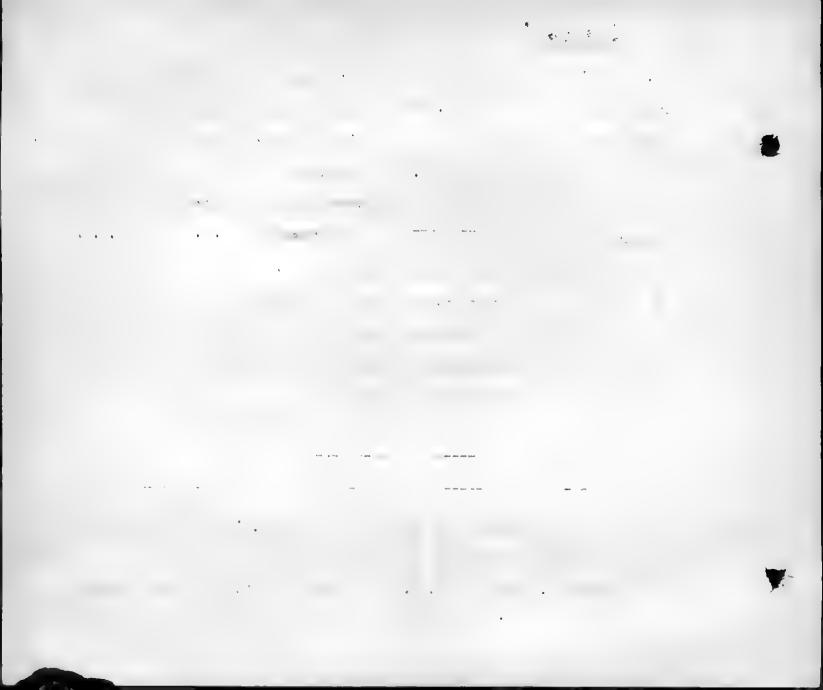
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Hildegard H.

SIGNATURE

218, PHYSIC AND NAME (Tybe

230 BURIAL, CREMATION



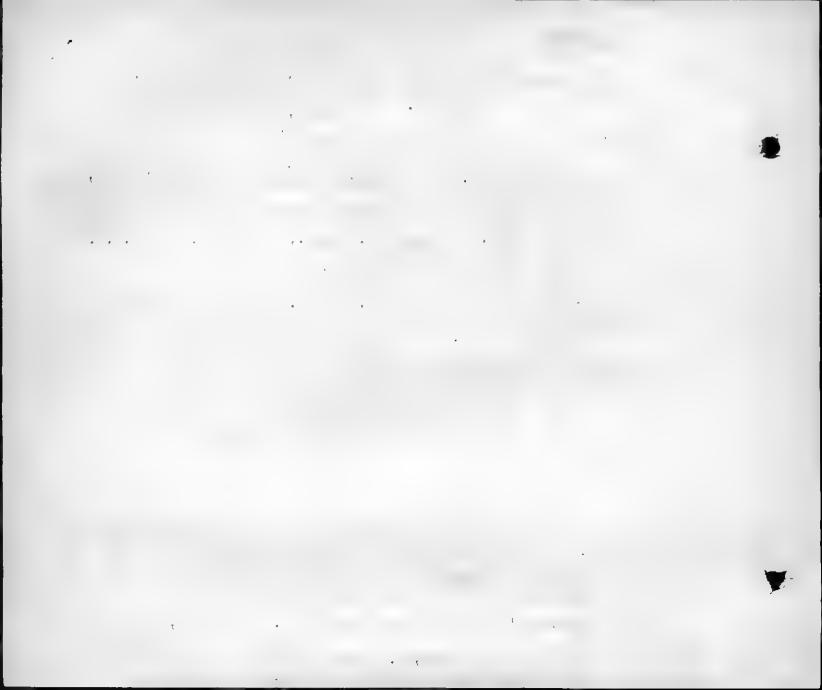
CERTIFICATE OF DEATH

10976

	1. PLAC	CE OF DEATH OUNTY				O STATE	SIDENCE (Where de		COUNTY		
NA			ne Arundel		MARYLAN		vland	V	A	nne Art	ındel
141)		ITY OR TOWN (IF	outside corporate limit	s, write c.	LENGTH OF STAY IN 1	b c. CITY Of	R TOWN (If outside	corporote lim	ils, write RUI	RAL ond give no	earest town)
	_	URAL and give ne	aresi tawn)		35 yrs.	X Sav	ern, RFO				
-	d. N	EVETO	AL (If not in hospital, gi	ive street addr	ess]		ADDRESS		•		e. IS RESIDENCE
X	0	Elmhurs				11	hurst	_			YES NO
		AE OF EASED	Firs	t	Middle	rollel	ast 4. D	ATE F	Month	D	Day Year
		e or print)	FDIII	N :	1.	HUBINE K			ctobe	<b>r</b> ]	1. 1960
	S. SEX				NEVER MARRIED	B. DATE OF BIR	RTH	9. AGI	E (In years		R IF UNDER 24 HRS.
	М	ale	1.15-2-3	WIDOWED	_		y 1902		birthday)  B yrs.	Months Doys	Hours Min.
	10a. US	UAL OCCUPATIO	N (Give kind of work of	lone 10b KIN	D OF BUSINESS OR IN	IDUSTRY 11. BIRTH	PLACE (Stole or fore	eign country)		12, CITIZEN C	OF WHAT COUNTRY
	Ë	lectric:	ing life, even if retired)	Md.	Drydock C	oro. Phi	la. Peni	navlva	กา่อ	U.S.A	Δ _
	J3. FAT	HER'S NAME					'S MAIDEN NAME			1 01011	-
	)	Edwin	Koble			Anu	na Macana	ARR			
			IN U S. ARMED FOR		IAL SECURITY NO. 1	INFORMANT	L	110	Addre	35	
	(Yes, no.	or unknown) (i	920-1935		14 8879	Mrs. Ann	a M. Kodax	THE .	Como	As #2	
	<del>-1</del>					ITO - MINI	C IT ANDRY	3	_30116		TERVAL BETWEEN
	10.		TH [Enter only one car TH WAS CAUSED BY	13.	4.	7	4/			01	SET AND DEATH
		1 1 0	IMMEDIATE CAUSE (0)	40	ull co	way	Tune	move	247	- /	404115
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		onditions, if an		Us	Langock	evosi	7			9	House 2KZ
		ove rise to in ruse (o), stating t									/
		ing couse lost.	(c)								
	Ž Q	PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL D	ISEASE CON	DITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
1	S										YES NO
	正 20%	. ACCIDENT WA	5 UNDERLYING	20b. DESCRIB	E HOW INJURY OCCU	RRED, (Enter noture	of injury in Port I	or Port II of	tem 18 )		
	U (IF	EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)								
	WEDICAL 20c	. TIME OF INJURY Hour o. m.	Manth, Doy, Yea			PLACE OF INJURY foctory, street, off	(Home, form, 201	(City or tow	rn)	(County	y) (Slate
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	p. m.	19	White at work	Not white	,,,	ito biagi, orei,				
			t (I) (this:hospital	) obtanded	the deceased fro	- Jula	12th 1960	10 00	p , 20	10 60	that (I) (we) los
			U	2 + 7 6 A							3.7.4
a		w the decease  S GNATURE	ed alive on way	/	19.60 , and the	at death occurr	ed dizuza M, 1	ram the c	auses and	on the dat	22b.DATE
- 1	**	- SONATORE	Com 9	Doto	1.	M.D PHYS.	ING MED DIRECTO	STA	FF		SIGNED
- 1	22	c PHYSICIAN'S	x 62.69 (	Upat.	villa:	M.D PHYS.		OR L. PHY	S. 🔲		10/1/00
		NAME (Type)	HILÄRY T	)'HERLII	HY MD	5	Centre	al a	ve.	alle	, Dunie
	23a. BL	JRIAL CREMATIO	N. 23b. DATE THEREO	F 23	Ic. NAME OF CEMETER	Y OR CREMATORY	23d.	LOCATION (	City, town, or	county)	(State)
		MOVAL (Specify)	5\$Octobe			Redeeme				1arylan	
		NERAL DIRECTOR'S			ADDRESS		250. REC'D BY I		_	RAR'S SIGNATI	
11	10	2/2	11	C1			OCT A			Las & the	
	/_	1 days		PT6U	<u> Burnie, Ma</u>	TOURTY TE	DATE DOI				

TO HOSPITAL OR ATTENDING PHYTICIAN: The flow requires that the item certificate be executed with n 24 hours after death. Page 4 may be recorded by the hospital ar attending physician.

VR A15 [4] 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10977

	10308	CEKTIFICATI	E OF DEATH		
7	PLACE OF DEATH COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased on STATE Maryland	L COUNTY A	before admission) Arundel
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (If outside corporo	te limits write RURAL ond give	nearest town)
7 20 20	d NAME OF HOSPITAL (If not in hospital, give street of Nastitution Anne Arundel General Hospi		d. STREET ADDRESS  1 1312 West St.,		e IS RESIDENCE ON A FARM? YES NO X
1000	3 NAME Of First DECEASED (Type or print) Andrew	Middle	KRAUSE, Sr. 4. DATE	Month October	30 19 60
	s sex 6 COLOR OR RACE 7 MARRI Male White WIDOWE	D DIVORCED M	arch 11,1877	lost birthdoy) Months Do	EAR IF UNDER 24 HRS lys Hours Min.
I	100. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)  13. FATHER'S NAME	to Dealer	Maryland  14. MOTHER'S MAIDEN NAME	*	U.S.
			Louise Trau	tu	
	William Knause  15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. INF	DOULDS ITEU	Address	
	(Yes, no, or unknown) (If yes, give wor or dotes of service)	9 32 2067 Cor	a M. Krause- Wife-	same as # 2	
	18. CAUSE OF DEATH [Enter only one couse per In PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.  [b]  DUE TO  (c)	arolnol 11	lerone	cident	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CONTRIBU	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	PERFORMED? YES NO
		RIBE HOW INJURY OCCURRED	(Enter nature of injury in Parl I or Part I	I of item 18.)	
	VOC. TIME OF INJJRY Month, Doy, Year 20d. IN While of work	Not while focto	E OF INJURY (Home, farm, 20f. (City or, street, office bldg., etc.)	or town) (Cou	inty) (Stote)
/	21 I certify that (I) (thicknessed) attend saw the deceased alive an Oct - 30, 22c SIGNATURE And I was a like the same of the SIGNATURE And I was a like the same of the same		ath occurred atM, from the state of th	he causes and on the d	22b. DATE 10/31/60
	230 Bur AL, CREMATION, REMOVAL (Specify) Burial  Edwin Davis, Company	23c NAME OF CEMETERY OR CO. Hillcrest C.	CREMATORY 236. LOCATIO	, Annapolis, M	(Stote)
	24 PUNEBAL DIRECTOR'S SUCNATURE	ADDRESS	25g. REC'D BY REGISTR		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death may be 12 feet by the haspital ar attending physician.

TO FUNERAL PIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be fit he state 80ard of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

Page 4

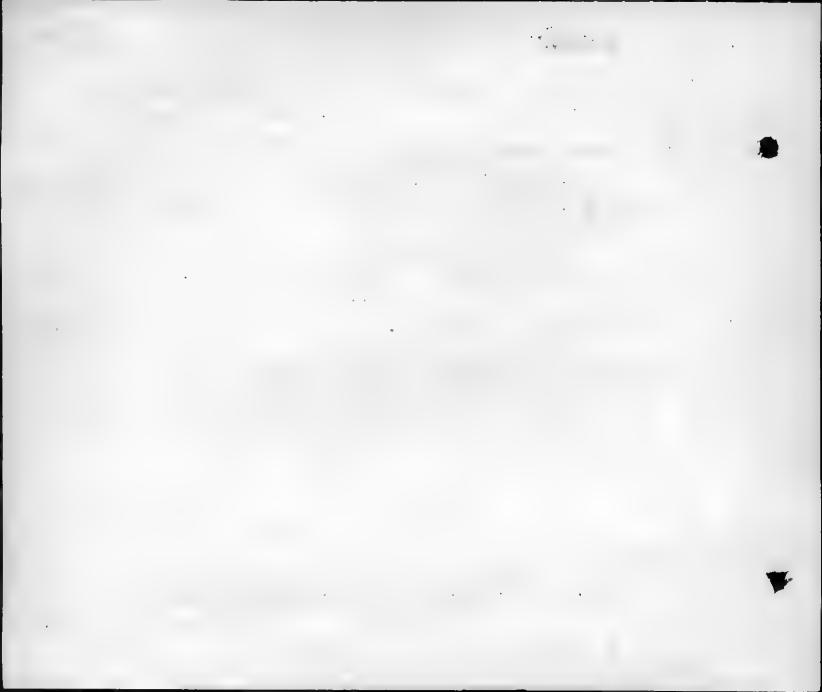
y the funeral directar, 2 shauld be filed with



MI	10000
M	1 PLACE OF DEATH a. COUNTY a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
EVI	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  RURAL and give nearest tawn)
X	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1/3 Cloudesy St.    13 Cloudesy St.   13 Cloudesy St.   13 Cloudesy St.
	3 NAME OF DECEASED (Type or print) And Delph G. Pleath Cot 4 196
	S SEX  6 COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH  WIDOWED DIVORCED   8. DATE OF BIRTH  Oct 14/876  9. AGE (In years   IF UNDER 2 4 H  Months Days Hours Mir
(I	100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Quing most of working life, even if refired)  Postal Oests May 12. CITIZEN OF WHAT COUNT  12. CITIZEN OF WHAT COUNT  13. STATE OF WHAT COUNT  14. S. A.
	13 HATHER 9 NAMED W. Lee Marketon.
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes no. or/orknown) (If yes, give wor or dotes of service)
	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.  [c]  Light Was Cause By.  (b)  Cardinate August Cause (a)  (c)  Light Was Cause By.  (b)  Cardinate August Cause (a)  (b)  DUE TO  (c)
W.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOP PERFORMED YES NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)  200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m., p. m. 19  While Not while at wark
13	21 Vertify that (I) (this haspital) attended the deceased from 1960, to 1960, to 1960, that (I) (we) It sow the deceased alive on 1960, and that death accurred at 1960, from the causes and on the date stated about 22th SIGNATURE  M.D. PHYS  M
1	22d ADDRESS  AME (Type)  AMES RIMATIN  23d BUR AL, CREMATION. 23b, DATE THEREOF  23d BUR AL, CREMATION. 23b, DATE THEREOF  23d NAME OF CEMETERY OF CREMATORY  23d LOCATION (City, town, or county)  (State)
4.	24. PONERAL DIRECTOR'S SIGNATURE  250 REC D BY REGISTRAR 256/REGISTRAR'S SIGNATURE  250 DATE OCT 1 0'60 Circles 2. Kraus

Page , executed within 24 haurs after death. 

VR A15 (4) 15M Ⅲ/59



VR A1S (4) 1SM 9/59

MARYLAND	STATE DEP	ARTMENT	OF HEA	ALTH
ON OF STATISTICAL	RESEARCH AND	RECORDS B	ALTIMORE	1. MARYLAND
CEI	DTIELCATE	OF DEA	711	h see "

10979--

11015 CEKTIFICATE OF

1	PLACE OF DEATH a. COUNTY	Anne	Arunde	1	N	MARYLAND	2 USUAL RESIDENCE o. STATE MARY		ed lived If institut 6 COUNTY			sion)
	b CITY OR TOWN	-fif outside	corporate him	is, write	LENGTH OF	TAY IN 16	CUTY OR TOWN	(If autside cosp	orote limits, write t	RURAL and g	ve nearest low!	1)
	Crownsy d. NAME OF HOSE CROWNSY	TAL (IF DO	at in haspital, g		address)	ars .	d. street Address 1615 Laur	5		1	ON A	IDENCE FARM?
3	NAME OF DECEASED (Type or print)	JOH	N SHERM	ÄN L		iddle	Last	4. DATE OF DEATE	Octo		, 1960	Year 19
S	sex male		OR OR RACE	7. MARI	RIED NEVER M.	ARRIED	B DATE OF BIRTH Sept. 1899		9 AGE (In years last birthday) 61 yrs	Manths (	YEAR IF UNDI	Min
	USUAL OCCUPATION DURING MOST OF WORLD	arking life	kind of work even if retired	done 10b.	KIND OF BUSINE	SS OR INDU	11. BIRTHPLACE (SI	nia	cauntry)	12.CITIZ	EN OF WHAT	COUNTRY?
	Re	bert	Ligon				Susie					
	WAS DECEASED E		S. ARMED FOR		SOCIAL SECURITY	Y NO 17 IP	FORMANT		Add	dress	**	
	No	It. Your gr		6	212 10 15	010	Hospital Re	cords				
7	Canditions, if gave rise to cause (a), statin lying cause las	any, who immedia	ole DUE TO	) 0) C		Arteri	osclerotic '			-		ers_
MEDICAL CERTIFICATION	20a. ACCIDENT NO OR CONTRIBUTING (IF EITHER, NOTIL)  20c. TIME OF INJUING OR OF INJUIN	VAS UNDE IG CAL FY MEDICA URY Man	Choonic ERLYING   ISE OF DEATH AL EXAMINER)	Brai 206. DES	re Syndro CRIBE HOW INJU in jury NJURY OCCURRED NOI while	me a.s.s RY OCCURRE Dut Me	NOT RELATED TO THETE COCIATED WIT. D. (Enter nature of injury COCIATED TO THE	h C. A. in Part I or Po	S. V. D art II of item 18)	(b)	PERFO YES [	NO D
							6 October				date stated	
	22c PHYSICIAN'S NAME (Type		U.C. I. Engl	0	glis M.D.	h	M.D PHYS.   22d ADDRESS  CROWNS	MED DIRECTOR E	STATE HOS		October	1960
1	D. BUR AL, CREMAT REMOVAL (Specify The Control	ION, 23b	DATE THERE		23c NAME OF	CEMETERY C	PCREMATORY Cem.	23d LOC	ATION (City, town,	ar sounty)	Isla	te)
24	FUNERAL DIRECTO	OR'S SIGN	ATURE /	#12	ADDRESS		/	REC'D BY REGI		STRAR'S SIG		

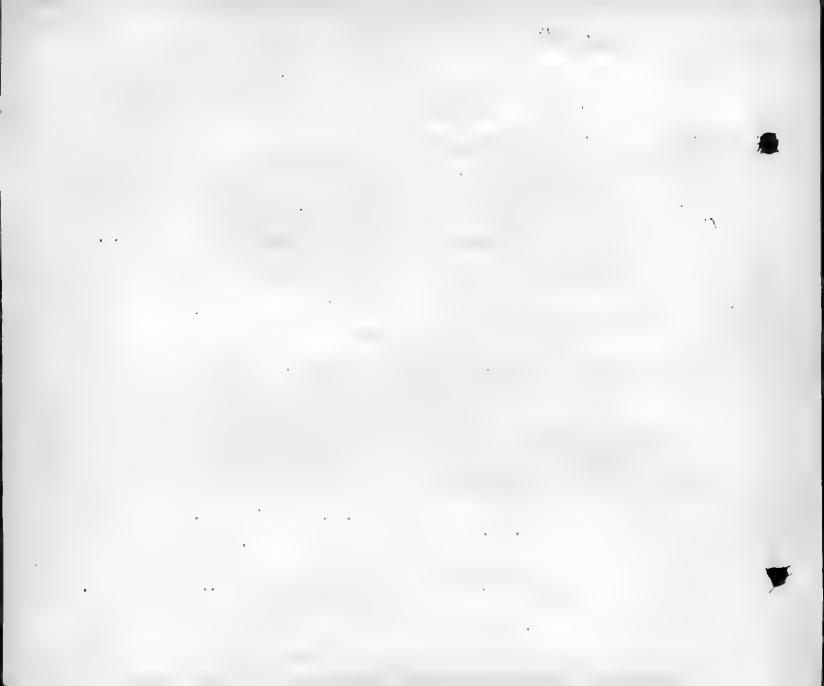




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	PLACE OF DEATH		-		11027	2. USUAL RES			lived. If institution	ın: Resider	ce befor	e admissi	on)
C	COUNTY	Anne Arund	lel	MAR	YLAND	o STATE	Mary	land	b. COUNTY	Anne	Arun	del	
ŀ		outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If as	utside corpar	ote limits, write R	JRAL ond	give near	rest town	)
	RURAL ond give ne	oolis		9 days		3.0	RURAT	I- Sha	dyside				
-		AL (If not in hospital, g	ive street			d. STREET						. IS RESI	DENCE FARM?
An		L General F	lospi	tal									NO 🗗
3. P	NAME OF	Fir	st	Middle	2	Lo	ast	4. DATE OF	Mon	th	Day	Y	'ear
	Type ar print)	James	3	EDWER	D	LIN	FON	DEATH	Octob	er	11	. 1	9 60
5. 5	EX	6. COLOR OR RACE	7. MARR	IED 🗷 NEVER MARR	ED 🔲	B DATE OF BIR	TH		9. AGE (In years lost birthday)	IF UNDER			
M	lale	White	WIDOWI	DIVORCI		March 2	23, 188	30	80 уга.	Monins	Days	Hours	Min
10a.	. USUAL OCCUPATIO	N (Give kind of work ong life, even if retired)	one 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHE	LACE (State of	or foreign co	untry)	12. CIT	IZEN OF	WHATC	OUNTRY?
P	RINTER + W.		Ha	RIGE PACHT	YARD	1	arylar	nd		Ī	J.S.		
13.	FATHER'S NAME					14. MOTHER	S MAIDEN N	IAME					
	JOHN 1	INTON				1 81	ZARE	TH I	DEAR				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	). 17 IN	FORMANT	8-100	1.	Addr	ress			
(11)5	na, or unknown) (	if yes, give wor or dates of s	2	19-14-043	17/10	o Sence	a E. LI	INTON	ShA	04516	2	140	6.
	18. CAUSE OF DEA	TH Enter anly one co	use per lit	ne far (a), (b), and (c)	-1					7		RVAL BE	
	PART I. DEA	TH WAS CAUSED BY:	, ce	rebral her	norrh	age						hrs	
	14.0	DUE TO											
	Canditions, if or	v. which )							. 1 41		15		22
	gave rise to immediate												
	couse (a), stating I lying cause last,	he under-											
z	PART II. OTH	ER SIGNIFICANT CON	DITIONS O	ONTRIBUTING TO DI	ATH BUT	NOT RELATED 1	O THE TERMII	NAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(b) 15	. WAS A	AUTOPSY
ATIC		of sigmoi										PERFO	RMED?
DEEC	20g ACC-DENT WA	S UNDERLYING []		CRIBE HOW INJURY		), (Enter noture	af injury in F	Part Lor Port	II of item 18.)				
CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJUR	Month, Day, Ye		NJURY OCCURRED		CE OF INJURY			ar town)	(	County)		(State)
VED.	Hour o.m.	19	While at wor	k at work	100	1017, 111861, 0111	us blog , elc.	"					
	21 I certify tha	(1) # <b>discharpita</b>	à attend	led the deceased	fram (	Oct. 2	. 19/	60 to	Oct. 10	. 19 6	O. the	ot (B) A	me) last
		ed alive an Oct				-			the causes an				
	220. SIGNATURE	CO CHITC CHILDREN	~	3- 17-1007 dile	, mar a	eum occom		A.M.	ine caoses an	d dii iii	c date		DATE
r		oill	Bor	much		ATTENDI	NG XX ME	ED RECTOR	STAFF PHYS.		1	0/11	SIGNED
	22c. PHYSICIAN'S		100	111000-		22d. ADD						<u> </u>	700
	NAME (Type)	Samuel Bo	rssu	ck		Amos	Garre	tt Blv	d., Anna	polis	, Mc	l.	
230	BURIAL, CREMATIO REMOVAL (Specify)	N, 23b, DATE THEREC	)F	23c NAME OF CEA	AETERY O	RCREMATORY		23H/SOCAT	ION (City, town,	or county)	-	(Sphi	e)
l	will	(U.T. 13,1	1966	Juaker	Jenu	terry		Tak	ecoule:	1,	1	Kel	
24.	FUNERAL DIRECTOR	SIGNATURE	1 -11	ODRESS	120	51	25a REC'I	D BY REGIST	RAR 256 REGI	STRAR'S SI	GNATUR	E	
/	Oceand	. U Jako	lexly	Teleson	lle	Ma	DATECT	1 7 '60	Clai	hun 8	Kraus		~~~



TO INTRITAL OR ATTENDING FINALISM. The flow requires that the desith certificate be exempted within 24 flows after death. The fame 4 may be referred by the haspital or otherding physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 arms should be discussed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haby after death

may be red TO FUNERAL

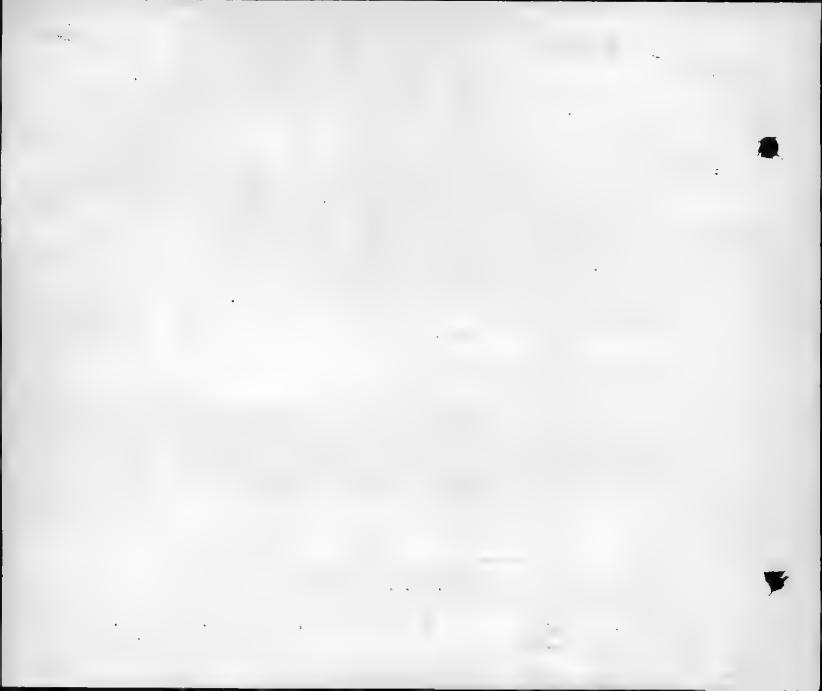
VR A15 (II) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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10981

	1. PLACE OF DEATH 0. COUNTY 1. THE CLEVEN CLE MARYLAND	a. STATE b county Maryland Anne Arundel								
/	b. CITY OR TOWN (If outside carporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)								
	RURAL and give nearest town) Fort George G. Meade -	Severn								
	d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS Bells Trailer Park ON A FARM?								
	United States Army Hospital	Burns Cross Road YES NO NO								
		Last 4. DATE Manih Day Year								
:	3 NAME OF First Middle DECEASED (Type or print)	LYONS DEATH October 10 19 60								
ŀ	Mala Coulting	8 DATE OF BIRTH 10 October 1960 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   Manths   Days   Haurs   Manths   Days   Manths   Days   Haurs   Manths   Days   Haurs   Manths   Days   Manths   Days   Haurs   Manths   Days   Haurs   Manths   Days   Manths   Days   Haurs   Manths   Days   Manths								
	10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY?								
	page page	Maryland USA								
/	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	Richard W. Lyons	Fumiyo Katae								
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	NFORMANT Address								
	[Yes, no, ar unknown) [(if yes, give war or dates of service)	ather Same as 2d.								
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN								
	PART I, DEATH WAS CAUSED BY									
		SIT! BI MIN								
	DUE TO									
	Canditians, if any, which (b)	Canditions, if any, which (b)								
	cause (a), staling the under-									
	lying cause last. (c)									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES □ NO 四								
	E 20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)								
	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRE   20g. DESCRIBE HOW IN									
		ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)								
	G Haur a m While Not while fa	ctory, street, office bldg., etc.)								
	p. m 19 at wark and of wark									
	21 I certify that (I) (this hospital) attended the deceased from	10 Oct 19 60, to 10 Oct 19 60, that (1) (***) last								
	saw the deceased alive on 10 Oct 19 60 and that of	death accurred at AM, from the causes and an the date stated above								
	22a SANATURE	27h DATE								
	Sherman As Tunison	M.D. ATTENDING MED. MED. STAFF 10 Oct 60 NED								
	22c PHYS CIAN S	22d. ADDRESS								
	NAME SHERMAN S ROBINSON, Capt., M.C.	USAH Ft Geo G. Meade, Maryland								
	230 BURIAL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY C	PR CREMATORY 23d. LOCATION (City, town, or county) (State)								
	Gremation 11 Oct 60 USA Hospital	7.7								
	24 FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	25g, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE								
	for M. Ellin Cept MISC USAH FT GEO G	MEADE, MIDATE OF 19 60 Circles S. Thruse								



director

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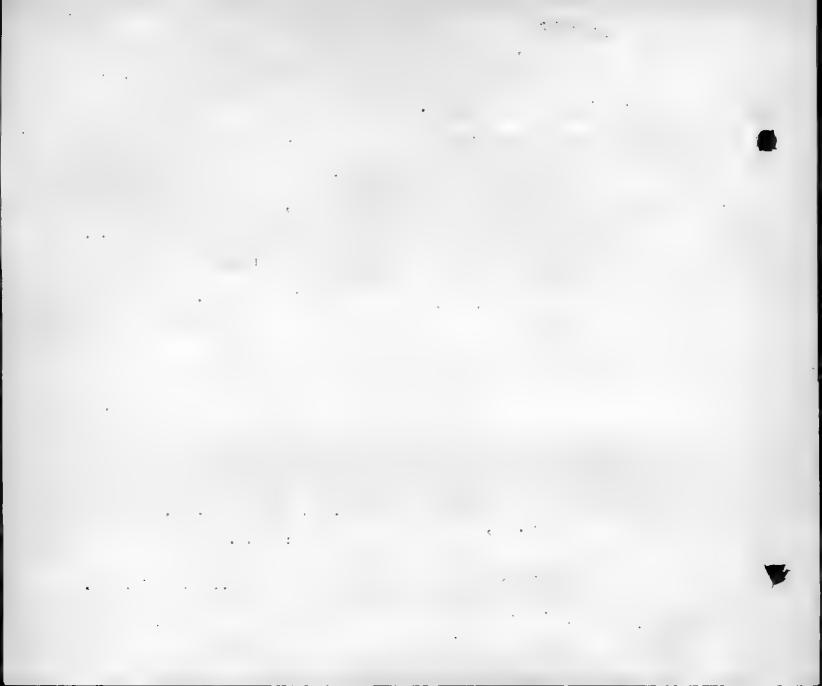
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haurs after death. Page



10983

	1. PLACE OF DEATH o. COUNTY		<ol> <li>USUAL RESIDENCE (Who or STATE</li> </ol>		ution: Residence before admission)			
	Anne Arundel	MARYLAND	Maryla	nd b. COUNT	Anne Arundel			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Annapolis	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis					
. *	d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE			
3	Anne Arundel General I	Hospital	Weems	Creek	ON A FARM? YES NO			
	3. NAME OF First DECEASED	Middle	Lost		anth Day Yeor			
	(Type or print) Grace	L.	Mayett		tober 28, 19 60			
	S. SEX 6 COLOR OR RACE 7. MAR	RIED 🔣 NEVER MARRIED 🔲 📙	B. DATE OF BIRTH	9. AGE (In year lost birthday				
	Fanale White WIDOW	ED DIVORCED	11/10/04	55 m				
	106 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  House wife	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote of Pasadena	4.4.4	12 CITIZEN OF WHAT COUNTRY USA			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
	Albert Downs		Lillie (U	I <b>n</b> known)				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16]	SOCIAL SECURITY NO. 17. IN	FORMANT	A	ddress			
	no no	none A.	L. Meyett Sr.	Husband	same as # 2			
	gove rise to immediate couse (a), stating the under lying cause lost.  Part II. OTHER SIGNIFICANT CONDITIONS  Part II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Doy, Yeor 20d. I	CONTRIBUTING TO DEATH BUT  E/////  CONTRIBUTING TO DEATH BUT  E/////  CONTRIBUTING TO DEATH BUT  E////  CONTRIBUTING TO DEATH BUT  E////  CONTRIBUTING TO DEATH BUT  E////  CONTRIBUTING TO DEATH BUT  E///  CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION Coart 1 or Port (1 of ilem 18)				
	Hour p. m.  19   While   Not while   foctory, street, office bldg., etc.)    21   certify that (I) (this haspital) attended the deceased fram   12   N   1505 ta   28   0   C   1960   that (I) (we) lass saw the deceased alive and 8   0   C   1960   and that death accurred at   N   Fram the causes and an the date stated above    220   S GENTLED   MED   STAFF   SIGNED    221   ATTENDING   MED   DIRECTOR   STAFF   PHYS.      222   ADDRESS   223   ADDRESS   NAME (Type)   Dr. Edward S. Beck   11   Southgate Avenue   Annapolise   Md.							
,	230 BURIAL CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City, town	n, or county) (State)			
5.	Burial Oct. 31,1960	Cedar Bluff Ce		Annapolis, M				
9	24 FONERAL DIRECTOR'S SIGNATURE	ADDRESS	- 41		GISTRAR'S SIGNATURE Critical S. Thank			
/	1 C Latter with an 20 feller war are a 1 d 1 about	5000000 130	DATE I	VI N				

TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 havrs after death. Page may be refer by the haspital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 3 cars should be filled with the State Board of Health prior to burial, cremation, an remaval, and in any event, within 72 hours after death.

TO FUNERAL

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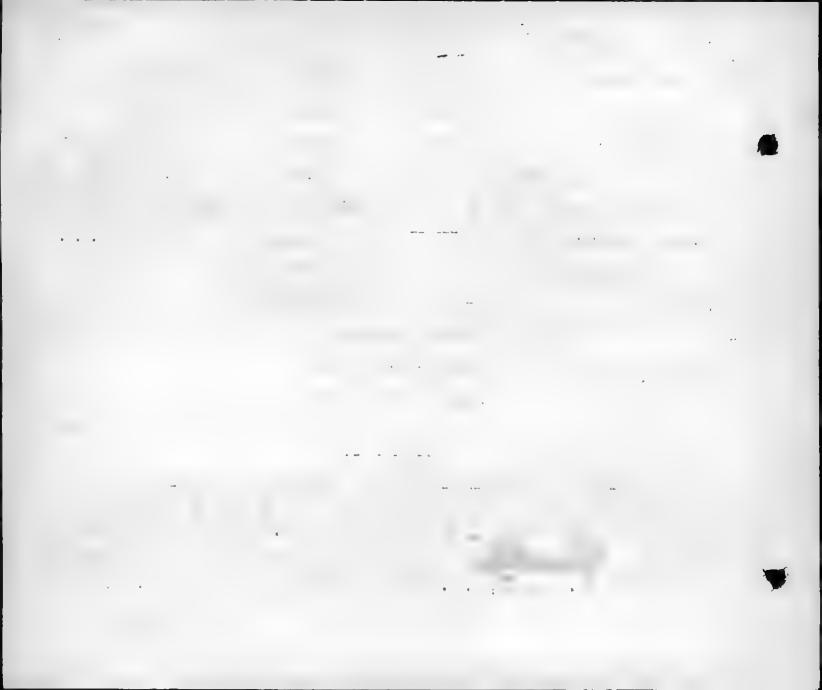
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the funeral director, should be filed with



hours after death

certificate



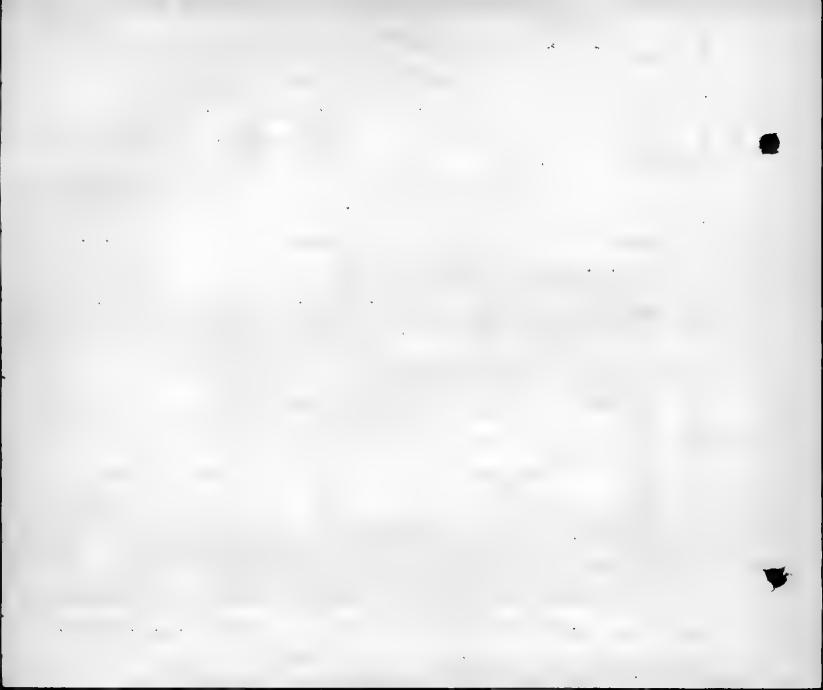
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



**CERTIFICATE OF DEATH** Rea. Dist. No With The director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY Filed . b. COUNTY MARYLAND Maryland death. erol CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) shauld Baltimera d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 5307 Walther Ave. YES NO K NAME OF 4. DATE Middle Month Year DECEASED OF 60 (Type or print) DEATH 19 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. DIVORCED [7] WIDOWED FT 2 Jan. 30, 1885 papers. yrs 10a. USUAŁ OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Housewife Nene puo Maryland S. carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Offers physician John S. W. Parks Jesephine Edgar гетоме 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Mrs. Grace E. Lewman 5307 Walther Ave. aftending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH CINOMATO PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** CARCINOMA ony Conditions, if any, which gned gove rise to immediate ë.: **DUE TO** cosse (a), stating the underpup lying couse lost. **burial-transit** CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY remaval, PERFORMED? YES NO 1 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) 9. m. While Not while at work at work p. m. 21. I certify that I attended the deceased from  $P\!\!_{
m M}$ , fram the causes and an the date stated above. and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR pe PHYSICIAN'S NAME (Type) FUNE C 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) agod REMOVAL (Specify) 1960 Cedar Hill Cemetery Ritchie 0 23. FÜNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Christy is. one - 4001 VS A15 (4) Ritchie Hwy. Balte.25 DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



within 24 haurs ofter death. Page attending physician ertificate has been s ATTENDING ECTOR: FUNERAL



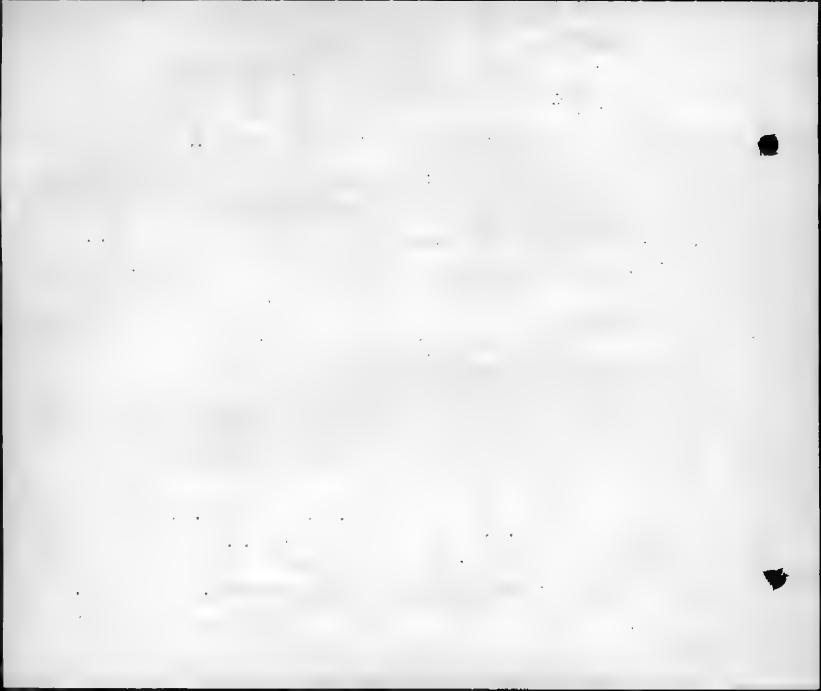
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10973

1	0	9	8	8

	Itom 7 85 mG2/3	10-14-60-et	
	1. PLACE OF DEATH COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Anne Arundel	
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapol18	ib ic CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis	
2	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Anne Arundel General Hospital	d. STREET ADDRESS 146 Prince George St	e. IS RESIDENCE ON A FARM? YES NO N
	3. NAME OF DECEASED (Type or print) ELLEN FLIZABETA	Last 4. DATE Month OF DEATH October	Day Year
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	B DATE OF BIRTH 9 AGE (In years IF UNDER 1)	YEAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED	December 19, 1901 58 yrs.	ays Hours Min
\	10g. USJAL OCCUPATION (Give kind of work done of during most of working life, even if retired)  11 Language Company of working life, even if retired)		U.S.
	13. FATHERS NAME HON. C. Mary	Margaret Bradley	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown)   If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown)   Address 1		
	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	J.	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) local peritonitis due to perforated		
	bowel (cecum) wall		7 days
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.		1 yr ?
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO		
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work		
	21 I certify that (I) (this describe) attended the deceased from Sept. 25, 1960, to Oct. 4, 1960, that (I) (%) last saw the deceased alive an Oct. 4, 1960, and that death accurred at M, from the causes and an the date stated above.		
	220 SIGNATURE 7. Borniel	M.D PHYS. D DIRECTOR PHYS.	22b. DATE SIGNED 10/4/60
	22c PHYSICIAN'S NAME (Type)	22d. ADDRESS	20/4/00
	Samuel Borssuck Amos Garrett Blvd., Annapolis, Md.		
	230 BURIAL, CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY COREMAN CONTRACTOR OF CEMETERY	Lus Cent Comatrolis	Mile.
1	21 FUNERAL DIRECTOR'S SIGNATURE CINCO LIMITADOLES	250 REC'D BY REGISTRAR 26. REGISTRAR'S SIGN	LATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The lom requires that the death contricate bill executed within 24 hours offer death. Tige 4 may be referred by the hospital or attending physician.

TO FUNERA (CTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death. moy be re TO FUNERA VR A15 (4) 15M 9/59



1 *	item 18 Film 273 10-2MARYEAND STATE	DEPARTMENT OF HEALTH
500 07125	Division of STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	10974 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH 10309
HEALTH DEPT.	1. PLACE OF DEATH  o. COUNTY	2, USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
rr. Page files. Health	Anne Arundel Dergeson	STATE     Maryland     Anne Arundel
SEET IN	b. CITY OR TOWN (if gata de corporate limits c. LENGTH OF STAY IN 1b write RURAL and a neerest town)	
nox o P	Junapoles	Gembrills
Boar Boar	d. NAME OF HOSPITAL OR INSTITUT ON ("I not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
	Anne Arundel General Hospital	YES NO
any of any Start	3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Yeer OF
The series	(Type or print) WILLIAM	NORFOLK DEATH October 11 1960
Harthary With Safe Safe	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthdey)   Months   Days   Hours   Min.
er d	Male White WIDOWED DIVORCED	Sept 12.1901 59 yrs.
2 and and and 72 h	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	
our Pas Fas 1	Farmer Tobacco	rigity Laiki
M3 With	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
E E E	William M. Norfolk  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Bertha Moreland
Withir form form even	(Yes no or unknown) ( ((fyetniye)werordetesofservice)	
with with any	18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c),	s. Bessie Moreland Norfolk, Wife- same as # 2
		ONSET AND DEATH
along transit	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) ACUTA paricreatit	is Arteriosclerotic heart disease
Id b	Conditions, if eny, which by Chronic avenue	Andro /
P. O. D. O.	gave rise to immediate cause	
ding ding as a	(e), stelling the underlying DUE TO	
ifficz amir sed in, c		NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1:0: 19. WAS AUTOPSY
Satisfaction of the satisf	Acute alochol intoxication  200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COLORED.  PRIMARY OF CONTRIBUTING COLORED.	PERFORMED?  YES K NO T
Woo dica	E 200 EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of item 18 )
Me Me	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
INE fing buri	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCLERED 20e. PI	LACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Wright of the Control	Hour a.m. While Not While of work et work	sctory, street, office bldg., etc.)
Sate, Carlo	21. I certify that I took charge of the remains described above,	held an Autopsy X. Inspection . Inquiry . and in my opinion
A STATE OF THE OWNER O		icide , Homicide , Undetermined manner
DI STANDAR	17.7	CHIEF MEDICAL EXAMINER
P P P	ACTUAL // X / WG	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
AL AL	SIGNATURE	DEPUTY MEDICAL EXAMINER 10/13/60
PU MI PU MI PU MI PU	EXAMINER'S NAME (Type) W. Bradby King, Jr.,	M.D. Address (Street, city, town, or county)
DEPU 9836 ex should FUNE its des	220. BURIAL, CRÉMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY ( REMOVAL (Specify)	OR CREMATORY 22d, LOCATION (City, town, or country) (Stete)
05409	Burial Oct. 15,1960 Mt Zion Cemet	erv Lothian Mervland
VS. AISME	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 7/59	Hepping Funeral Home Annapolis Md.	DATEOCT 17'60 Cuthur S. Kraus



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10975

		LACE OF DEATH				2. USUAL RESIDEN	NCE (Where deceases		an. Residence befa	re admission)	
	L`		Anne Agun	del	MARYLAND		ryland	b. COUNTY	Anne Arı	ındel	
	t	c. CITY OR TOWN (IF RURAL and give nea Annapo	rest tawn)	ls, write c [	ENGTH OF STAY IN 16		WN (If autside carpo JRAL - Sha		URAL and give ned	arest lown)	
	,	OR INSTITUTION	L (If nat in haspital, g	ive street addr	ess)	d. STREET ADD	RESS			e IS RESIDENCE ON A FARM?	
1	An	ne Arundel	General H	[ospita]	L					YES NO I	
Market .	3. 1	NAME OF DECEASED	Fir	st	Middle	Last	4. DATE	Man	th Do	y Year	
		Type or print)	Mary		LEE	NOWELL	DEATH	Octobe	r 15	5 19 60	
	5. \$	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	B DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 24 HRS.	
	F	emale	White	WIDOWED [	X DIVORCED	March 28,	1888	72 yrs	Months Days	Hours Min.	
	10a.	during most of working	g ife, even if retired	done 10b, KINI	OF BUSINESS OR IND	2.0	:1	suntry)		WHAT COUNTRY?	
	13	FATHER'S NAME	KEEPER			14 MOTHER'S M	AIDEN NAME	195100	U.	•0•	
	,		1 11		_	MARY	1-5	DNNER			
	15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SOC	IAL SECURITY NO. 17	INFORMANT	LRE C	Addi	ress		
			yes, give war or dates of H		M	ARGARET	NowELL	Strap	Y SiDE	, Md.	
		18. CAUSE OF DEAT	H [Enter anly one ca	use per jing fa	r (a), (b), and (c).]	1	n		INT	ERVAL BETWEEN	
			H WAS CAUSED BY:	(ex	elral,	remore	Kape		Old	5 days	
		DUE TO									
		Canditions if any, which) the Autor tensive Cardio Cardio Carcular desease 110ars									
		gave rise to im cause (a), stating th		11							
		lying cause last.	) (c								
3	CATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH BE	IT NOT RELATED TO TI	HE TERMINAL DISEAS	E CONDITION GIV	'EN IN PART 1(a) 1	PERFORMED?	
	44	20- ACCIDENT WAS	LINESPONIO E	20L DECCRIP	HOW INTERVOCATION	PED (E-1 mature of i	-ivev in Bast I on Bar	t II of item 18 t		YES NO NO	
	CERT	200. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M	CAUSE OF DEATH SEDICAL EXAMINER)	200. DESCRIBI	HOW INJURY OCCUR	ED. (Enler nature ar II	njury in rati i or rot	r II or nem 16.)			
	MEDICAL	20c. TIME OF INJURY Haur a.m.		20d. INJUR While		LACE OF INJURY (Ho actory, street, office b		or town)	(County)	(State)	
	ME	р. т.	19	at work							
		21. I certify that (I) (this describe) attended the deceased from Oct. 10, 1960, to Oct. 14, 1960, that (I) (vectos)									
			d alive on Oct	14,-	_19 60 , and that			the causes an	d an the date		
		220 SIGNATURE	1. 1 OF	1 1	1	ATTENDING	5:10 A.M.	STAFF		22b. DATE SIGNED	
		// rea	and of	muy	1	M.D PHYS.	MED DIRECTOR	PHYS []		10/17/60	
		22c. PHYŠICIAN'S NAME (Type)	יים גייים ביינועם	Court de la		22d. ADDRESS					
			Willard F.	Smith			rside, Md.				
	23a	BLRIAL, CREMATION SEMOVAL (Specify)	1, 23b DATE THEREC	OF 23	NAME OF CEMETERY	OR CREMATORY	23d LOCA	TON (City, fawn, a	or county)	(State)	
4		BURIAL	OLT 17	60 1	vood FIEL	Z \$	GAL	ESVII	E	17 <i>G</i> ,	
1	24	FUNERAL DIRECTOR'S	SIGNATURE /	1-1 1	ADDRESS		SA. REC'D BY REGIST NATE OCT 2 0 1		STRAR'S SIGNATU		
	1	Ringra	JU. Duca	taly !	Talbeville	-: 1/La. 0	ATE USI & U				

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the state of the s

### AND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEA MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decasted lived, if institution, Residence before admission) e. COUNTY director. Page a, STATE b. COUNTY is necessary, your files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest lown write RURAL and give nearest town) Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS IS RESIDENCE 0 ON A FARM? 215-10 /h. St. State YES NO 3. NAME OF DATE [Type or print] DEATH 10 19 60 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED M NEVER MARRIED and 3 2 with lest birthday) Months Davs W.DOWED DIVORCED 10a. USJAL OCCUPATION [G ve kind of work 105. KND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page dona, dyring most of working life, even if retired) Pages Pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECLASED EVER IN US ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Ifyas give weror dates of service) Office along with 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CISEDSC. Sudder in pencil IMMEDIATE CAUSE (a) DUE TO buria Conditions, if eny, which gave rise to immediate cause O DUE TO (a), stating the underlying Examiner cause lest. used cremation, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4)1 19. WAS AUTOPSY CFRTIFICATION PERFORMED? 2 Medical NO should 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 20e EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, ferm. . 20f. (City or lown. (County) (State) Page factory, street, office bldg., atc.) While Not While the at work at work prior p.m. DIRECTOR Inspection ... 21. I certify that I took charge of the remains described above, held an Autopsy forwarded to Inquiry and in my opinion agent, death resulted from Natural causes Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE. DEPUTY MEDICAL EXAMINER EXAMINER'S 10.22,60 pluods NAME (Typa) Address (Street, city, lown, or county) DEP 228. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata REMOVAL (Specify) ö 40 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE A15ME Onthur & Track 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) ay is never al director. Page at for your files. a. COUNTY **b.** COUNTY Anne Arundel Same MARYLAND Same b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN Th c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Yr ins Same d. NAME OF HOSPITAL OR INSTITUTION ( f not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO TH State Same 1 Gash Avr nue 3. NAME OF Middle 4. DATE Month DECEASED you'll be executed within 24 hours after death. If any in pencil in frem 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be relaburial-transit permit. File-pages 1 and 2 with the Smoval, and in any/event within 72 hours after de OF (Type or print) DEATH 19 aclen Fearl Fore October 16th. 6. COLOR OR RACE 7. MARRIED P NEVER MARRIED AGE (In years | IF UNDER 1 YEAR) 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS last birthday) Months Dave Hours WIDOWED F DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even If retired) Pousawife Jounty, 11d 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME event Robert . Specht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? <u>Lessie</u> This certificate should be executed within 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unkown) i (Ifyesgive war or dates of service) 216. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ir. Joseph Fope (husband INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYremoval, and IMMEDIATE CAUSE (a) Self strangulation with rope 3/8 of an inch-Sudden **DUE TO** (b) "pending" gave rise to immediate cause asse ex the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a DUE TO (a), stating the underlying ö cause last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION **TERFORMED?** NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH. burial, Flaced a 3/8/of an incl rope around her nock, and MEDICAL EXAMINER: fatened on end 20d. INJURY OCCURRED , 20e. PLACE OF INJURY Home, James : 20F. (Cly or town) 20c. TIME OF INJURY Page Month, Dey, Year (State) fectory, street, office bldg., etc.) 0 While Not While at work at work In the basement at home Hanover A. A? prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 77. Inquiry X and in my opinion designated agent, Natural causes Suicide X death resulted from: Accident Homicide ! Undetermined manner CHIEF MEDICAL EXAMINER 0 ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 10/16/60 **EXAMINER'S** NAME (Typs) Gustave II Faubert Address (Street, city, town, or county) DEPL 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Burial Meadowridge Mem. Park ਵੂ 4 0 Howard Co., Maryland H EUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE A15ME Glen Burnie, Maryland 5M 7/59 DATECT\_2 0 160



1, PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE						
Anne Arendel MARYLAN	o. STATE b. COUNTY Anne Arundel						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis						
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?						
Anne Arundel General Hospital	220 King George St. YES NO						
3. NAME OF First Middle	Last 4. DATE Month Day Year						
OFCEASED (Type or print) Kenneth VERNON	PRESTON Of DEATH October 21 1960						
5. SEX 6. COLOR OR RACE 7 MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS						
Male White WIDOWED DIVORCED	June 6, 1892 68 yrs.						
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life even if refired)  13. FATHER'S NAME  CAROPERS TO M.	IDUSTRY 11. BIRTHPLACE (State or foreign country)  New York  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME						
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO TI	7, INFORMANT Address						
(Yes, no. or unknown) (If yes, give way or dates of service)	FLORENCE F. PRESTON # 2						
18. CAUSE OF DEATH [Enter only one couse political for (a), (b), and (c).]	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ONSET AND DEATH						
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  Parr II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS' PERFORMED?						
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  Wolveler with Jute time Contribution - 4  200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU  OF CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter Noture of injury in Port I or Part II of item 18.)						
e   <del></del>	. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (State						
	m. Oct. 16, 1960, ta Oct. 21, 1960, that (I) PCC) last death occurred at						
22c PHYSICIAN'S NAME (Type)  Dr. Richard N. Peeler	22d. ADDRESS 121 Cathedral St., Annapolis, Md.						
23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETER BURIAL (Specify) OCT 24 1960 ST ANN	E'S CEM ANNAPOLIS MD.						
10 HW M. TAYLOR SON ANNAP	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  OLI S MD DATE OCT 2.4 '60 Onthur S. Krous						



10995

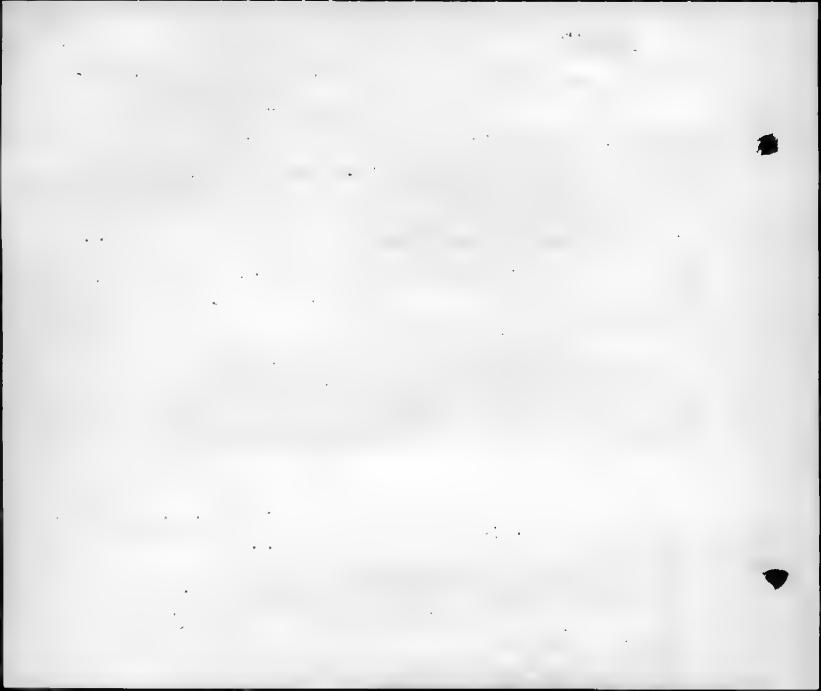
10979

1. PLACE OF DEATH o. COUNTY	Anne Aruno	iel	MARYLAND	2 USUAL o. STAT			lived. If institut o 6 COUNTY	n. Residence b		
b. CITY OR TOWN (If o RURAL and give near Anna po	st fown)	write c. LENGTH	OF STAY IN 16	EITY		outside corpord	ite limits, write Rt	JRAL and give	nearest tov	vn)
d. NAME OF HOSPITAL OR INSTITUTION Anne Arundel				d. STRE	Dreams	Landir	ıg		ON	A FARM?
3. NAME OF DECEASED (Type or print)	First George	Gar	Middle DWIN	PTD	Last GELY	4. DATE OF DEATH	Mani		Doy	Yepr 1960
5 SEX 6	COLOR OR RACE 7.	MARRIED TO THE		B. DATE OF		1902	AGE (In years lost bighday)	IF UNDER 1 Y	EAR IF UNI	DER 24 HRS
100. JSUAL OCCUPATION	(Give king of work done			DSTRY 11. BIR	THPLACE (State	ar foreign co			OF WHAT	COUNTRY
13 EATHER'S NAME	Edrian (	Pidgel	y	14 MOTH	IER'S MAIDEN I		Melso	1		
(15. WAS DECEASED EVER II	N U. S. ARMED FORCES es, give wor or detes of service		DRITY NO. 17.	Checo	eora.	1 /	rdgel	91 (	2	
PART 1. DEATH	Enter only one couse WAS CAUSED BY: AMEDIATE CAUSE (a)	per line for (o), (t	sem of	Bleve	Q				INTERVAL I	
Conditions, if any,		Bleedin	esop	hazial	vario	cie			1he	
couse (a), stating the lying couse lost.		Laen	ec's c	erre	hosei				5/4	<u>'-</u>
PART II. OTHER  PART II. OTHER  OR CONTRIBUTING D  U (IF EITHER, NOTIFY MI	SIGNIFICANT CONDIT	IONS CONTRIBUTI	NG TO DEATH BU	T NOT RELATE	ED TO THE TERM	IINAL DISEASE	CONDITION GIV	EN IN PART 1(		AJTOPSY ORMED?
	CAUSE OF DEATH	o. DESCRIBE HOW	INJURY OCCURR	ED. (Enter not	ure of injury in	Part I or Part	(I of item 18.)			`
ZOC. TIME OF INJURY Hour o.m. p m.		20d. INJURY OCC While Not w of work of wor	hile f		JRY (Home, farm office bldg., etc		ar Iawn)	(Coe	nty)	(State
	l) (thuckseptal) a		eceased fram							
720 SIGNATURE	liand N	Deele	as 7 dilo mor		9:10 P		STAFF PHYS.	a an me a		72b DATE SIGNEE
22c PHYSICIAN'S NAME (Type)	CHARD	N. PER	ELER	22d A	DORESS TNNA	POLIS	, MD-			
230 BURIAL, CREMATION, PEMOVAL (Specify)	235 PATE THEREOF Oct 15 -	1960 Hel	le of CEMETERY	or cremato	mul	23d JOCATI	on (City, town, o	les	14	ote)
24 EUNERAL DIRECTOR'S S	Jaylus &	uno Cor	ess	oles Mc	250. REC	D BY REGISTE		STRAR'S SIGN	et .	

O HOSPITAL OR MITENBILLE PHYBICIAN: The law requires that the death certificate bill exilicate within 24 haurs after death. Page 4 may be recorded by the haspital or attending physician.

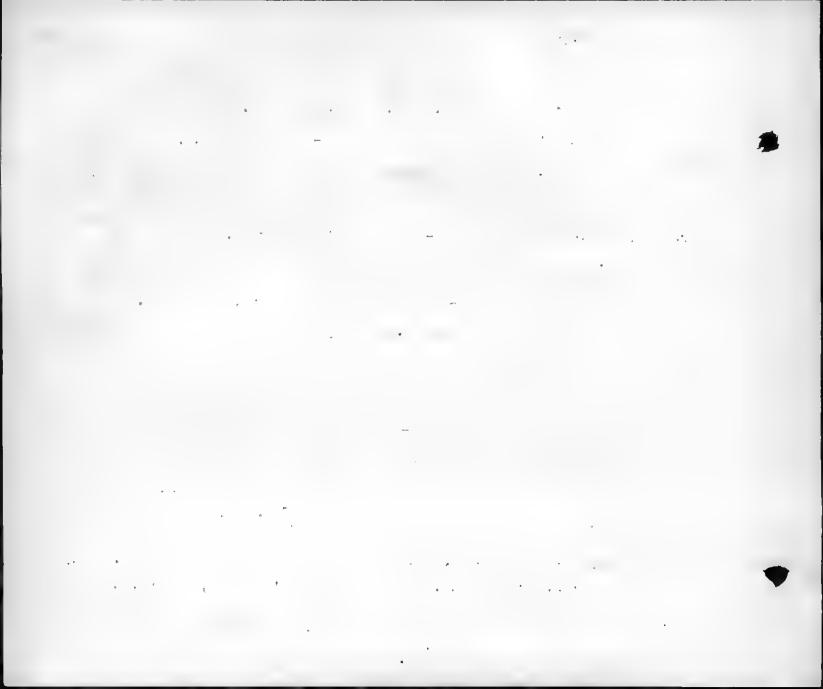
O FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 at 27, should be filled with the State Board of Health prior to burial, cremation, ar remayal, applying eyent within 72 hours after death. may be re; TO HOSPITAL

VR A15 (4) 15M 9/59



VS A15 (4) 15M 9/58

1		MARYLA	ND STATE DEPAI	RTME	NT OF HEALT	H-BAL	TIMORE, 18		
	110	22	CERTIF	ICA	TE OF DEAT	Ή	R	leg. Dist. No	10996
ī	o. COUNTY Anno Ar	undel	MARYL	11	2 USUAL RESIDENCE (V o STATE	here decease			
	b. CITY OR TOWN (If outside RURAL and give negres) to	corporate limits,	c. LENGTH OF STAY II	-	c city or town (if Washing tor		prote limits, write RUR	AL and give ne	arest town)
	d. NAME OF HOSPITH & & Chil	rico"Tra dren's Co	ithing School	-	d. STREET ADDRESS  338 - 14th	Stree	t N.E.		e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	First	a Stepha	na	Rose	4. DATE OF DEATH	Month Octob	per 2'	
			MARRIED NEVER MARRIED		9/29/57	-		UNDER 1 YEAR Aonths Doys	Hours Min
Ī	00. USJAL OCCUPATION (Green during most of working life, nstitutionalizers, FATHER'S NAME	e kind of work don	ne 10b. KIND OF BUSINESS OR	INDUST	Washingt	ton, D.		USA	F WHAT COUNTRY
13	James Ros	ser			14. MOTHER'S MAIDEN Geraldiy	_	is		
1:	S. WAS DECEASED EVER IN U.				FORMANT hildren's Co	nter.	Address		
NOITACIBITATION	Conditions, if only, while gove rise to immedic couse (a), stoting the und lying couse lost.	DUE TO  (b) (b) (b) (c) (c) (c) (c) (c) (c)	Hydroce	TH BUT N	NOT RELATED TO THE TER/	MINAL DISEAS			OM birth  19. WAS AUTOPS PERFORMED? YES \( \text{NO} \)
MEDICAL CEPT		th, Doy, Year		20e PLAG	CE OF INJURY (Home, for ory, street, office bldg., e	rm, 20f. (Cit		(County)	(State
	alive an October  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  20. BURIAL, CREMATION, 22b REMOVAL (Specify)	s E. Boy.	Boyland, M.D.  22c. NAME OF CEME District ADDRESS	death of Market	Children Children CREMATORY Ining School	A M, from ADDRESS (S S Cent	the causes and itreet, city or town, stoter, Laurelter, Laurelter, Laurelter, Manyl	an the date of the last of the	e stated abav DATE SIGNT 0/27/60 0/27/60 (State)
	PHYSICIAN'S Jame  20. BURIAL, CREMATION, REMOVAL (Specify) Burial Oc	DATE THEREOF	22c. NAME OF CEME	Trai	Children CREMATORY ning School 24a. REC	22d. LOCA	tion, Laurel TION (City, town, or or Tel Maryl TRAR 24b. REGISTR	county	id. 1

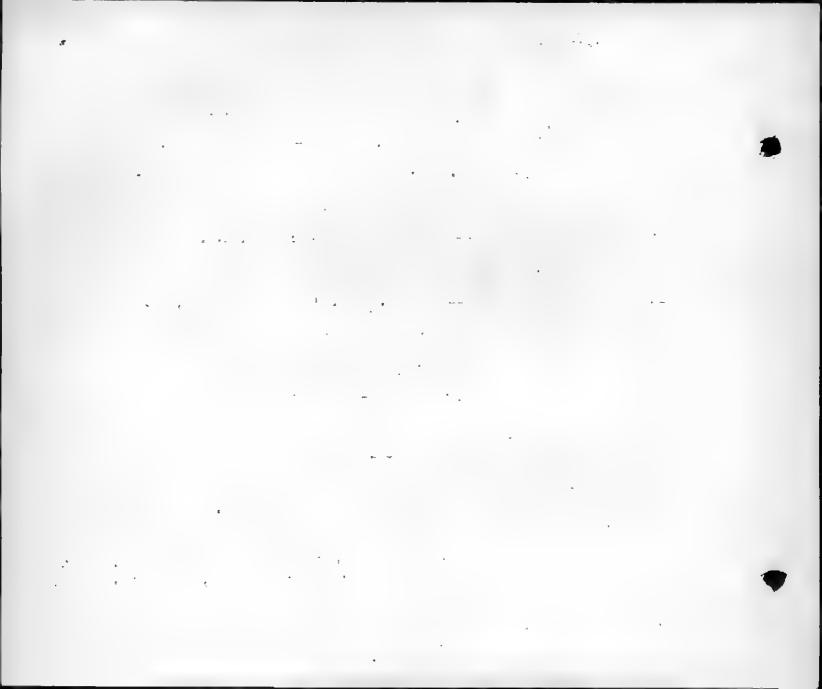


YS A15 (4) 1SM 9/S8

	MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
1	1023	CERTIFICATE	OF DEATH	_

**CERTIFICATE OF DEATH** 

~ ~	17 10 17				Keg. Dis	31. 140.
1. PLACE OF DEATH o. COUNTY Anne Arunde	1	MARYLAND	2, USUAL RESIDENCE (* o. STATE	Where deceased lived. If b. 0	f institution: Resident COUNTY	ce before admission)
b. CITY OR TOWN (If outside corpor RURAL and give nearest town)  Laurel	ate limits, write	LENGTH OF STAY IN 16		If outside corporate limits	, write RURAL and g	give nearest town)
d. NAME OF HOSPI <b>用的 for it</b>		0	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
Childre	n's Cent	er, Laurel, Md	. 311 - 1	2th Street	S.E.	YES NO 1
3. NAME OF DECEASED (Type or print)	Ronald	Emanual ,	RUDD	4. DATE OF DEATH	Month October	24, 19 60
S. SEX 6. COLOR OF	RACE 7. MAR	RIED 🔲 NEVER MARRIED 🗖	8. DATE OF BIRTH	9. AGE (	In years IF UNDER	1 YEAR IF UNDER 24 HR
male Negro	WIDOW	ED DIVORCED	10/21/54	6	Aut William	Days Hours Min
10a. USUAL OCCUPATION (Give kind a during most of working life, even il Institutionalized	f work done 10b retired)	KIND OF BUSINESS OR IND		gton, D.C.		IZEN OF WHAT COUNTRY
13 FATHER'S NAME			14 MOTHER'S MAIDEN			
William R	ıdd		Almary W	hittaker		
1S WAS DECEASED EVER IN U. S. ARM (Yes, no, or unknown) [If yes, give wor or			INFORMANT Children's Ce		Address	
18. CAUSE OF DEATH [Enter only	one couse per l		MILITAR OIL O OC	Hool , Daul o	To Pitte	INTERVAL SETWEEN
PART I. DEATH WAS CAUS	D 8Y:	Pneumonia as	enimetion			ONSET AND DEATH
Canditions, if any, which	(b) DUE TO		lsy, spastic			
ASD:	ration	CONTRIBUTING TO DEATH BE CONTRIBUTING TO DEATH BE CONTRIBUTING TO DEATH BE CONTRIBUTED TO DEATH BE CONTRIBUTED.	iple			T 1(a) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF	DEATH	960				
=	ny, Year 20d. While of wo	Not while	PLACE OF INJURY (Hame, for actary, street, affice bldg,	erm, 20f (City or town)	(C	County) (Stat
21. I certify that I attende	d the decea	sed from 11/1/57	, 19, to	10/24/60	19that I la	ist saw the decease
alive on 10/21/60		, and that dea				
ACTUAL SIGNATURE	- 21:	Joyland	M.D. Children	ADDRESS (Street, city	or town, stote)	DATE SIGN
PHYSICIAN'S NAME (Type)				's Center,		
220. 8URIAI, CREMATION, 22b. DATE REMOVAL (Specify) Burial Oct		22c NAME OF CEMETERY O District Tr	or crematory aining School	2d. location (cir	y, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ne a	ADDRESS Children's	24a, RE	EC'D BY REGISTRAR 2	46. REGISTRAR'S SIC	GNATURE



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10980

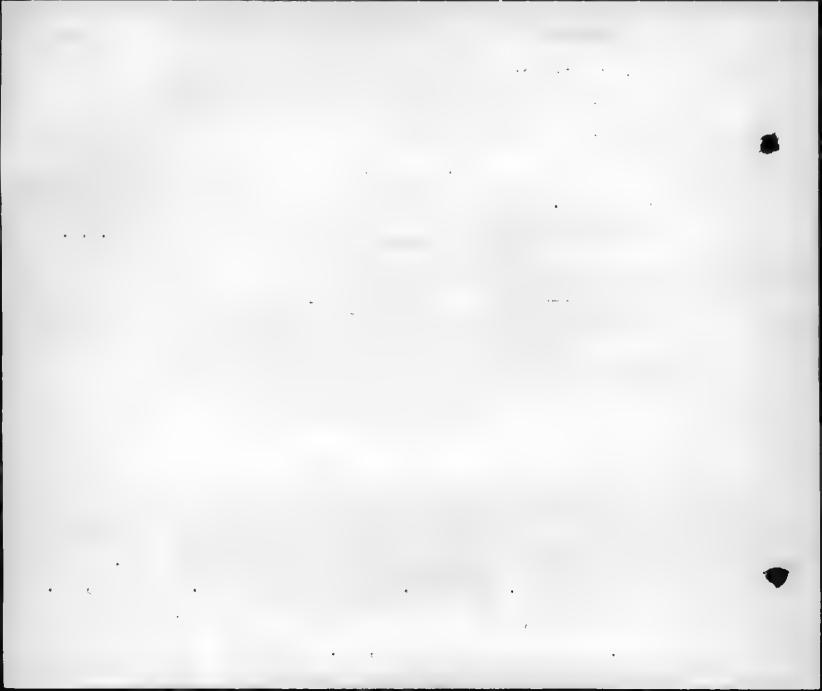
10998

- CERTIFICATION OF THE CONTRACT OF THE CONTRAC	2000
1. PLACE OF DEATH o. COUNTY Anne Arundel MARYL	and 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY Cuyahoga
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Anapells	N 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Cleveland
d NAME OF HOSPITAL (If not in hospital, give street address) Anne Arundel Ceneral Hospital	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO
3 NAME OF DECEASED (Type or print) CLARETTA R.	SCRIVENS 4. DATE OCT Month 22 Day Year 19 60
5 SEX   6 COLOR OR RACE   7. MARRIED NEVER MARRIED   NEVER MA	Town 4 Town   Iow Airthday)   Months   Days   Hours   Min
100 USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired) HOUSEWIIC	Cleveland 12. CITIZEN OF WHATCOUNTRY
13. FATHER'S NAME  Jacob Konzen	14. MOTHER'S MAIDEN NAME Olivia Yates
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	WILLIAM A SCRIVENS #2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
ICATK	PERFORMED? YES NO CURRED. (Enter nature of injury in Part I or Part II of item 18.)
	20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State factory, street, affice bldg., etc.)
21/ certify that (I) (this haspital) attended the deceased of shw the deceased alive an 1940, and 122b. SIGNATURE	fram 1960, ta 1960, that (I) (we) las that death accurred a 1960, fram the causes and an the date stated above 22b, DATE
22c. PHYSICIAN'S	ATTENDING MED STAFF SIGNET  PHYS DIRECTOR PHYS Oct. 22 1560
NAME (Type) Richard N. Peeler MD.	. 121 Catheiral St. Annapolis, Nd.
REMOVAL (Specify) Oct 22,1960	TERY OR CREMATORY 23d 10CATION (City, town, or county) (State) Cleveland Ohio
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  John 1. Taylor & Sons Annapol	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Chillen S. Kraus

TO HUSPITAL OR ATERIDINE HYSICIAIN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or otherding physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 of the shauld be filled with the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59



e. IS RESIDENCE

Hours

12. CITIZEN OF WHAT COUNTRY?

Day

Days

U.S.

(County)

ON A FARM?

YES IN NO

PERFORMED? YES NO I

(Stote)

22h DATE

5/60

(Stote)

SIGNED

Yeor

5+11---( ) - " May 3 .

-

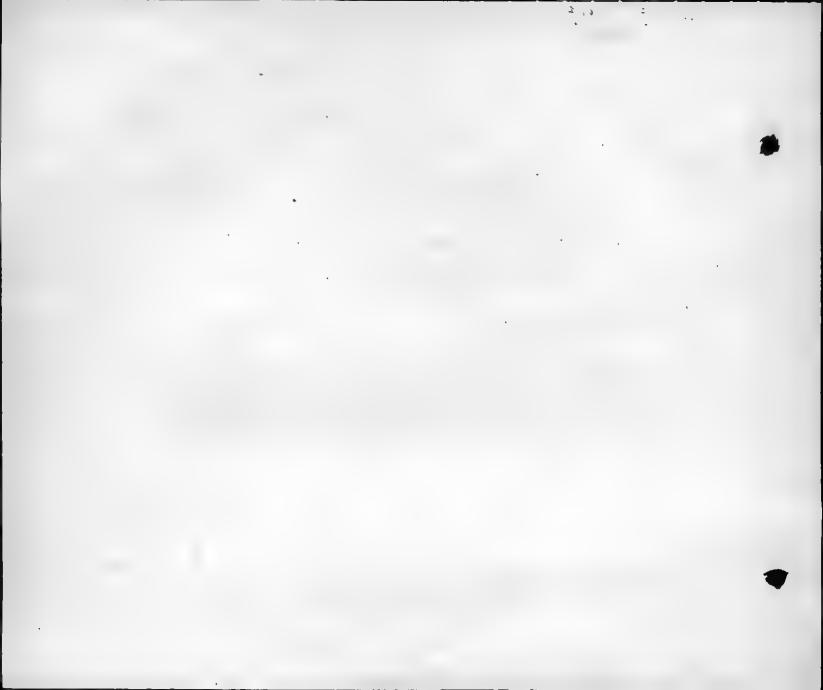
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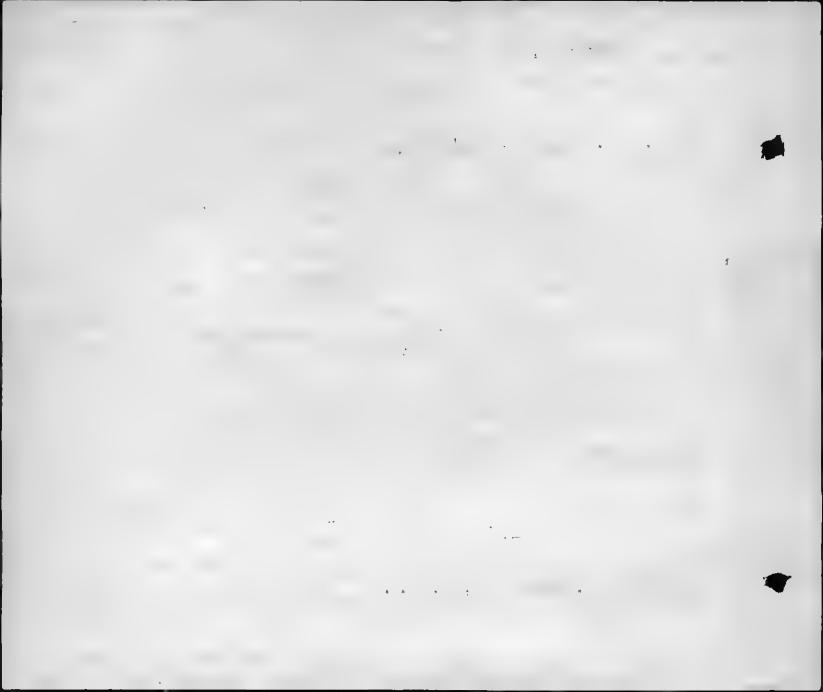
## 10982

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b COUNTY
1	b gity OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL ond give neorest town)	" (breech of mid.
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  o IS RESIDENCE ON A FARM?
	243 Hanover ST	243 Hanever ST YES NOD
	3. NAME OF DECEASED (Type or print) Pathoryman Middle	Lost A. DAYE Month Doy Year OF DEATH A Left ( 1960)
	5. SEX. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH ( 9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   lost birthdoy)   Months   Days   Hours   Min.
	timule "White WIDOWED   DIVORCED	gune 10 - 1880 72 m.
1	100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU- dring most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Veter May	Anne Collens
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. H  (Yes, no, or unknown,   (If yes, give wor or dates of service)	1, Edward Sherlock (2)
	1B. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cler on Va	es cular facility. Surge was
	DUE TO P	000-0742
	Conditions, if ony, which gove rise to immediate DUE TO	order the
	lying couse lost.	ty pertusion manymos
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	LOUIS CONTRACTOR OF THE CONTRA	YES NO L
	OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18 )
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	Hour c.m., 19 While Not while of work of work	My T
	21. I certify that (I) (this hospital) attended the deceased fram	
	sow the deceased alive an _CTU+ 16_1960 and that a	death occurred at 112M, from the causes and on the date stated above.
	A Clevis I work	M D PHYS DIRECTOR PHYS
	22c PHYSICIAN S	22d. ADDRESS 40 - Tank Cher St. 10
	LNAME (Type) V, OLIVER PURUIS	Cleurs Tho mi.
	230—BLR AL, CREMATION. 236 DATE THEREOF 23c NAME OF CEMETERY C	DR CREMATORY 23d. LOCATION (City, town, or county) (State)
0	January 10-9-1960 Clacer 1:	Duff Amapoles Me.
	24- FUNERAL DIRECTOR'S SIGNATURE COMO COMPRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE  DATE OCT 1 0'60  C. Llung S. Flours
		DATE OCT 1 U'60 Chilling at Thank



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE OF DEATH USUAL RESIDENCE (Where decessed lived, if Institution; Residence before edmission) PLACE OF DEATH e. COUNTY **b.** COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give neerest town! 5 d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? Balto.-Wash. Expressway, 10901 south of 4. DATE DECEASED October 1060 (Type or print) DEATH DEMPSEY STMMS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (in years IF UNDER I YEAR 8. DATE OF BIRTH JE UNDER 24 HRS. last birthdey) | Months | Deys Hours Male WIDOWED IX DIVORCED [ IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pages UNKNOWIN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S S S 21 W 627 NW11 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give wer or detectors ervice) 5 14 B.W. 18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic heart disease and hypertensive IMMEDIATE CAUSE (a) cardiovascular disease DUE TO Ö Conditions, if env. which (4) geve rise to immediate cause **DUE TO** (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1.0, 19. WAS AUTOPSY PERFORMED? NO phods 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (Slate) fectory, street, office bldg., etc.) 2 Not While Hour a.m. el work et work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry and in my opinion  $\overline{0}$ DIRECTO death resulted from: Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER EXAMINER'S W. Bradley King, Jr., M.D. pinous NAME (Type) Address (Street, city, town, or county) DEPT 226. BURIAL, CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Smit fy) 40 6 1000 Byria ADDRESS 24e. REC'D BY REGISTRAR FUNERAL DIRECTOR Vs. ATSME 116 mass 5M 7/59 OCT 2 0 '60



11009

	$\frac{7}{11025}$ CI	RTIFICA	ATE OF DEATH		Reg. Dist. No.
1.	PLACE OF DEATH A.A.	MARYLAND	2. USUAL RESIDENCE (Whe	are deceased lived. If institution b. COUNTY	Residence before admission)
_	b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  d NAME OF HOSPITAL (If not in basishot, give street oddress) OR INSTITUTION	FSTAY IN 16 Myn.	c. CITY OR TOWN (If our first of street address )	Hammonils	RAL and give nearest town)
3	NAME OF DECEASED (Type or print) Charles & First SEX   6 COLOR OR RACE   7. MARRIED NEVER	Middle	Lost  AMM  B. DATE OF BIRTH		
10	m W WIDOWED I D	VORCED .	12/4/84	(est birthday)	Months Days Hours Min
L	do USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSI doing most of working life, even if retired)	L Ma	+	noru M.	12 CITIZEN OF WHAT COUNTRY
13	Henry Chas. Stan	m	14. MOTHER'S MAIDEN NA	AME >	
	WAS DECEASED EVER/IN U. S. ARMED FORCES? 16. SOCIAL SECUR	ITY NO. 17 IP	NFORMANT ITALE C	Starm -	· loge
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (e), stoting the underlying cause lost.	Va	soulor	Disease	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH		NOT RELATED TO THE TERMIN		N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL C	(IF EITHER, NOTIFY MEDICAL EXAMINER)   20c. TIME OF INJURY Month, Day, Year Hour a. m.	l for	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	/	(County) (State)
	ACTUAL SIGNATURE Class & Ball PHYSICIAN'S	I that death			that I last saw the deceased d an the date stated above orte) DATE SIGNED
4	NAME (Type)	of CEMETERY OF	- PR.	22d. LOGATION (City, town, or BY REGISTRAR   24b. REGIST	county) melstote) 29, melstote) RAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10983

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4

TO HOSPITAL moy be ret TO FUNERAL

VR A15 (4) 15M 9/59

moy be retained by the hospital or attending physician.

2 FUNERAL CONTROL: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial transit permit. Then please remove carbon papers. Pages 1 are the State Board of Health priar to burial, commation ar remayal, and in any event, within 72 hours after death.

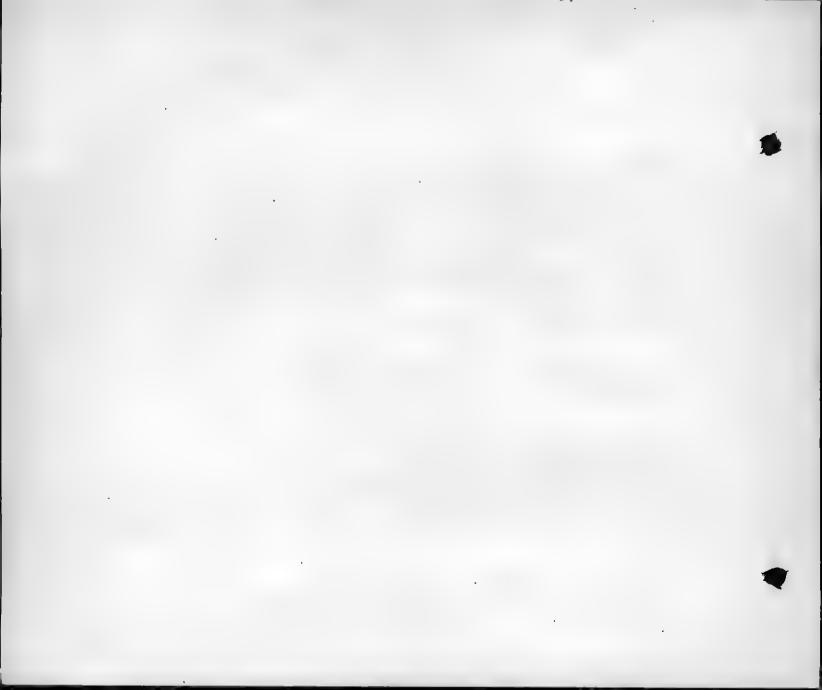
director,

he funeral pe

PLACE OF DEATH o. COUNTY	may An	2 USUAL RESIDENCE (Where deceased lived If institution of STATE b. COUNTY	an Residence before admission)
b CITY OR TOWN (If autside carporate limits, w	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write R	
RURAL and give neorest town) Annapolis		Pasadena P. O. 🗙	
d. NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION	treet address)	Box STREET ADDRESS	e. IS RESIDENCE ON A FARM
Anne Arundel General F	losp.	254 Route 9	YES NO
3. NAME OF DECEASED (Type or prim) rederech first	Middle	1 DATE MON OF DEATH	th Day Year
	MARRIED DOCNEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years lost barthday)	Months Days Hours Mir
male white wi	DOWED DIVORCED	Sept. 4, 1925 35 yrs.	Months Days Hours Mir
Oa. LSUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	106, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNT
Mechanic	Airplane Mfg.	Md.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Frederick G. Stroh, Ji		-	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unknown) (If was, gave wor or dates of service)		NFORMANT Add	ress
ves   World War II	219-12-3850 M	rs. Margaret Stroh - Pasade	na, Md.
18. CAUSE OF DEATH [Enter only one couse	per line for (a), (b), and (c).]	7	INTERVAL BETWEE
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1 ormany	ocedure an	2, 1-1 - Le
Canditians, if any, which gove rise to immediate couse (a), stating the under-	/		
lying cause last. (c)			
PART II OTHER SIGNIFICANT CONDITIONS	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	VEN IN PART I(a) 19 WAS AUTOF PERFORMED YES NO
20g. ACCIDENT WAS UNDERLYING 20b OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)	
Hour a.m.		ACE OF INJURY (Hame, farm, 20f. (City ar town) ctary, street, affice bldg., etc.)	(County) (St
7 4		10-1: 10 0 to 10-1	
saw the deceased alive an	19C(), and that	death accurred at 1510, from the causes ar	
220. SIGNATURE	lly	M D PHYS DIRECTOR PHYS	22b. DAT SIGI
22c. PHYSICIAN'S NAME (Type rank M.	Shipley	121 Cattachal St.	muspaly,
30 BURIAL, CREMATION, 23b. DATE THEREOF	23 NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City fawn,	ar county) (State)
Burial 10/5/60	Cedar Hill	Cem. A. A. Co.,	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A	T 17   """	ISTRAR'S SIGNATURE
3 MM U. LIPARMILE	J Mous - 1201	AL // DATECT 4 '60 CINE	hur & Krouk



MARYLAND STATE DEPARTMENT OF HEALTH



moy be rel TO HOSPITAL

VR ATS [4] 15M 9/59

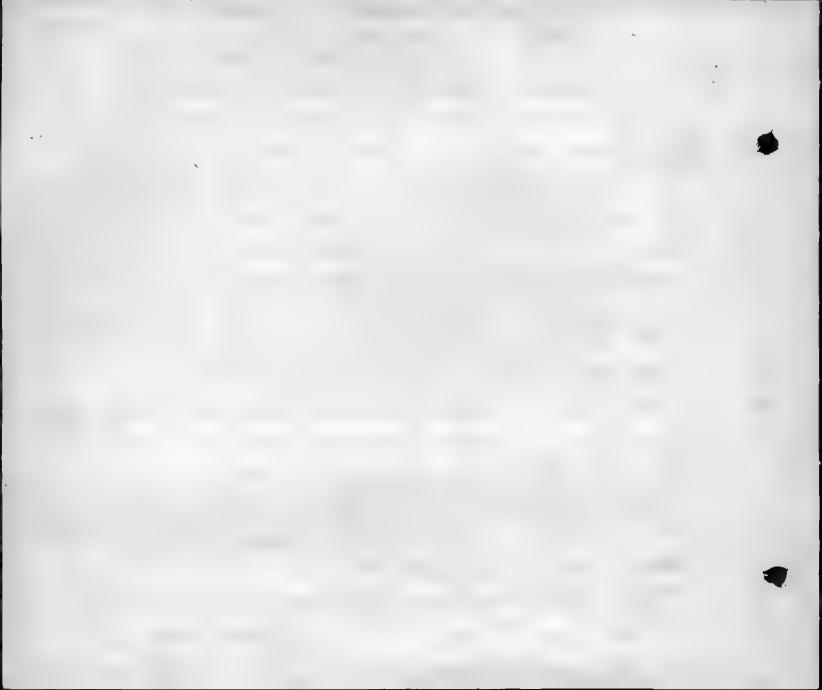
# MARYLAND STATE DEPARTMENT OF HEALTH 10985 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	o. COUNTY	Anne Ar	.undel	MARYLAND	o STATE	ence (Where deceased Maryland	h COUNTY	: Residence before o Anne Arun	
	RURAL ond give	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Anna polis  18 days			c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL — Shadyside				
	d. NAME OF HOSE	ITAL (If not in hospital,			d. STREET AC		early Diffee		S RESIDENCE
,	Anne Arund	el General	Hospital			Hine D_ive			ON A FARM?
	3. NAME OF DECEASED		First	Middle	Lost	4. DATE	Month	Day	Yeor
	(Type or print)	Rhe	a	M	TAYL	OR DEATH	October	7	1960
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH			Months Dovs H	
	Female	White	WIDOWED [	DIVORCED 📋	November	and the same of th	67 yrs.	Months Doys H	ours Min.
	10a USJAL OCCUPAT during most of we	ION (Give kind of worl orking life, even if retire	k done 10b KIND ( ed)	OF BUSINESS OR INDL	ISTRY 11. BIRTHPLA	CE (State or foreign o	ountry)	12. CITIZEN OF WE	HAT COUNTRY?
	HOUSEW					chusetts		U.S.	
)	13. FATHER'S NAME	1			14. MOTHER'S	7. /	2		
	EUGE	NB- D	RISECT	ne	461	VA III	ORIN		
	(Yes, no or unknown)	VER IN U. S. ARMED FC		SECURITY NO. 17 I	NFORMANT	-	Addres		11 11
	NO				Rep E.	TAYLOR	Bax 4981_	F.t. LAUDER	
		EATH [Enter only one - EATH WAS CAUSED BY	/ 11	o), (b), and (c) ]	4/2014	hasis		ONSET	AL BETWEEN
	In a so	IMMEDIATE CAUSE	(0)	oronary	1111011	20373			1/2 week
	4-70	DUE T	11.0	1	n. 1.	march.	diagno	2 /	1001
	Conditions, if	immediate	(b) / Jupe	Henrie_	Carace	1 into	O. I		jeurs
	couse (o), stotin lying couse los		0 //	0	confei	five ht.	gauce		
		THER SIGNIFICANT CO	(s) INDITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIVEN	N IN PART 3(0) 19. V	WAS AUTOPSY
a	PART II C			Huh	a flere	edicion		` ' P	ERFORMED?
	20a. ACCIDENT V	VAS UNDERLYING	20b. DESCRIBE H	OW INJURY OF OURRI	ED. (Enter peture of	injury in Port I or Por	rt II of item 18 )	, ,,	
		IG □ CAUSE OF DEATI FY MEDICAL EXAMINER		V					
	20c. TIME OF INJI					lome, farm, 20f. (City	y or town)	(County)	(Stote)
	Hour o.m	10		ot while or	octory, street, office	blog., etc.)			
	21. I certify t	nat (I) <b>(Ithin keepi</b> k	od) ottended the	e deceased fram.	Sept. 19	12_60. ta_	Oct. 6.	. 1960_, that	(I) (VEClast
		osed alive on Oc		9_60 , and that					
****	220 SIGNATURE	-:00 /9	7. V	1/_		1:15 A.M.			226 DATE
/	W	cleara (	m	Mh	M D. PHYS.	DIRECTOR [	STAFF PHYS.	10	0/7/60
	22c PHYSICIAN'S NAME (Type		C-4+h	V	22d ADDRE				,
		Willard F	. Smith		_Shad	yside, Mar	yland		
	230. BURIAL, CREMAT REMOVAL (Speci			NAME OF CEMETERY	1	73d LOCA	TION (City, town, or	county)	(Store)
W.	Buridl	" OCT 8	1960 Fo	rt Lincoj	n A	Blad	ensburg	, Md	*
	24. FUNERAL DIRECTO	OR'S SIGNATURE	with Ita	Corress	lead	250 REC'D BY REGIS		RAR'S SIGNATURE	
	, some	-67	7			DATE OCT 11	نات (60	ing S. Hamas	

Everne BRISSOME

LEND MORIN FRED E. THYLOR BUTTER FILLINGERIUM FIL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

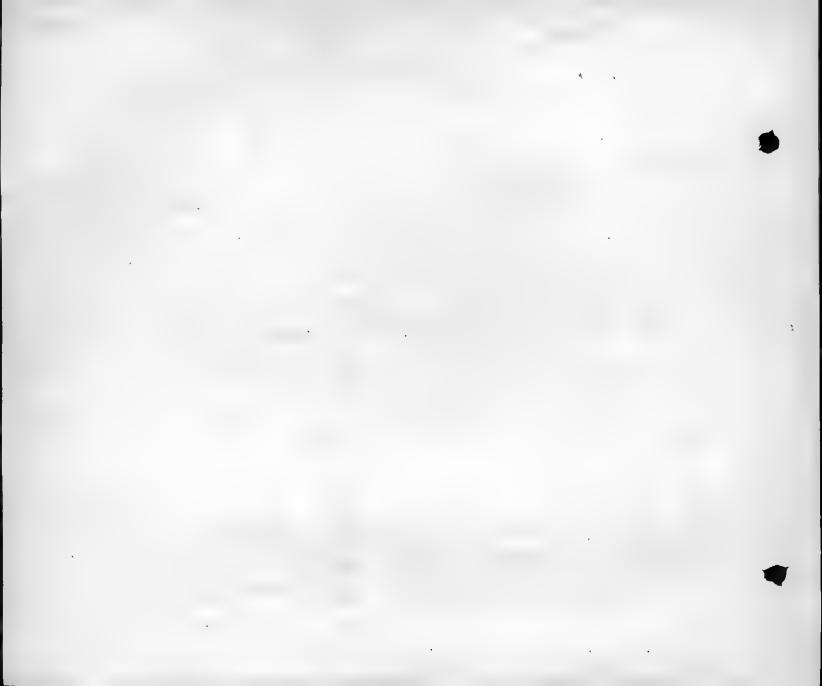


TO HOSPITAL OR

VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH 10986 CERTIFICATE OF DEATH

		PLACE OF DEATH	MARYLAND	2 USUAL RESI a. STATE	DENCE (Where dec		institution: Resident	e before admission)
)		RURAL ond give nearest town)	OF STAY IN 16	c. CIDY-OR	TOWN (If outside of	arporate limits,	write RURAL and g	ive negrest town)
		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION LICENSE ST		d STREET	ncher	15	<i>_</i>	e IS RESIDENCE ON A FARM? YES NO
	(	NAME OF PICEASED Type or print)  William	Middle	Thom	OF	ATH	Month 10 -	Day Year 6 1966
	5 9	Male White WIDOWED X	DIVORCED	B. DATE OF BIRT	-1878	9 AGE (I	.1 1	TYEAR IF UNDER 24 HRS Days Hours Min
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF B during most of working life, even if retired) Computer Can	A 4	1 / 1	ACE (State of forei	ole	12.CITI	S. A
1	13.	Lames J. Shomas	3	14. MOTHER'S	MAIDEN NAME	Clou	0	
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SEC	CURITY NO. 17 IN	no fe	rome.	8.m	Address Urply (	(2)
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the under- lying couse lost.  (c)	ebal,	Then	bosi,	rized		INTERVAL BETWEEN ONSET, AND DEATH
	CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE						1(a) 19. WAS AUTOPSY PERFORMED?; YES NO 21
		200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRE	D. (Enter noture o	of injury in Part I a	r Port II of item	18)	\
	MFDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCC While Not w at work at wark at war	hile for	ACE OF INJURY ( ctory, street, offic	Home, farm, 20f. e bldg., etc.)	(City or town)	(0	ounty) (State
		21 Cerify that (1) (this haspital) attended the d saw the deceased alive an	O , and that d	leath occurred  ATTENDIN PHYS  22d ADDR	G MED DIRECTOR	am the cau		Q, that (I) (we) las date stated abave 22b DATE SIGNED // 7-61
	190	BUR AL CREMATION, 236 DATE THEREOF 23c NAM REMOVAL (Specify) 10 - 8-1960 Cel	e of CEMETERY O	R CREMATORY	23d. U	ma ma	boles	(State) ML
	24	John M. Jay les Surs Chat	mapo	E: MI	250 REC'D BY RED DAT OCT 1 D	GISTRAR 28	6 REGISTRAR'S SIG	



51 1	#0		4 4 4	MARYL	AND ST	ATE DEPART	MENT OF	HEALTI	I-BALTI	MORE,	18			
\$ 8 E			110	27 ME	DICAL	EXAMINER	S'S CERTI	IFICAT	E OF D	EATH	Reg. D	ist. No.	100	18
shauld b		1, 1	LACE OF DEATH				2. USUAL R	ESIDENCE (W	/here deceased (	ved. If Institu	tion: Resid	ence befo	ore admis	sion)
t shi		1	. COUNTY	Arundel		MARYLAN		ryland		b. COUNT			ında)	•
28 85		ь	CITY OR TOWN (II	eutside corporate limits, write	RURAL C	LENGTH OF STAY IN 1	b c. CITY C	R TOWN (IF	outside corpora	e limits, write				
Ma A		5	and give nearest town	len Burnie	P D	25 vrs.			len Bui		. '	V		
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				AL OR INSTITUTION (II				ADDRESS	1011 001	1146 1	, U a /		e. IS RES	
ii. 3		#	5 Eugenia	a Ave.			# 5 8	Funnen	ia Ave.					FARM?
d d d d d d d d d d d d d d d d d d d		3. 1	IAME OF DECEASED	Fire	1	Middle		ost .	4. DATE	Month		Day	Yei	
Paging /			Type or print)	Fran	k	Leo	Tillbe	PTV	OF DEATH	Octobe	THE	2 14.	19	60
로 = 1 -		5. \$	EX			NEVER MARRIED	B. DATE OF BIRT	TH		GE (In years		Pu V.	IF UNDER	
ફ કે ફ ફ ફ		N	ale	White	WIDOWED [	DIVORCED	18 Feb	. 1900		il birthday) yrs.	Months	Days	Hours .	Min.
deat 3 p etair		10a	USUAL OCCUPATIO		lone 10b. KINI	OF BUSINESS OR IND	USTRY 11. BIRTHE	PLACE (Stote			12. CIT	IZEN OF	WHAT C	OUNTRY?
ond 2				CableSobic	en Loc	a128TAFiil	Spds	alia	Missour	-1	U.S	Δ		
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			FATHER'S NAME	Name of the Part of the Part of the Part			14. MOTHER"			+	1000			
O I I I DO	- )		Frank Til	llherv				Unk	กอพก					
4 9 9 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	/	15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. 500	CIAL SECURITY NO. 17	. INFORMANT	GIIIN	11001	Address				
E 8 4 E				the hite 1		03-7594 M	rs. Hild	da E.	Tillher	v Same	2 28	Nn.	# 2	
# SK 4			18. CAUSE OF DEAT	TH [Enter only one caus						.,		INTERV	AL BETWEEN	4
Derried				H WAS CAUSED BY:	_ Car	bon manaxi	de noiso	nî».					J min	
xecu Item mait for			0173	DUE TO			<del>2 </del>	*****					* No deline di pi	00000
viil viil			Conditions, if or											
and the same of th			gove rise to immed (o), stating the w											
5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			couse lost.	(c)_	*									
2 E		8	PART II. OTH	ER SIGNIFICANT COND	ITIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PAR	T 1(a) 19	WAS AL	
	1	3											ES 🔲	NO 🔣
Series Series		CERTIF	20a. EXTERNAL CAU	SE WAS	DESCRIBE HO	OW INJURY OCCURRED	. (Enter noture of i	injury in Post	t of Part-Hiof-it	in later	end :	si	e of	te
		Ü	CAUSE OF DEATH.	N. m.		ing one end	of a ga	r 1. 1. 1.	osc to	to thee				
2 P P P P P P P P P P P P P P P P P P P		MEDICAL	20c. TIME OF INJUR Hour o. m.	Y Month, Day, Year	While	IRY OCCURRED   20e. J	PLACE OF INJURY octory, street, offic	(Home, form,	20f. (City or h	own)		unty)		(Stote)
d.co d.co		WEG	9 p. m.	10/24/639	of work [		ek yard			daile	A.A.		11d	
Meng Meng Meng Meng Meng Meng Meng Meng			21. I certify th	at I took charge	of the rem	ains described a	bove, held ar	n Autopsy	, Inspe	ction 🔀.	Inquir	у 🔟	and fi	nd that
A 2 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		li	death resulted	from: Natural c	auses 🔲,	Accident [], S	iuicide [ 📆 , 🔠	Homicide	, Unde	ermined c	ause 🔲	].		
Cote, 1			Ci	+ 1/		1 1							D A WE 210	backin.
OI TO			SIGNATURE THE	Slave XV.	1thic	wir mas	M.D. CHIEF	MEDICAL EX	AMINER				DATE SIG	NED.
wol.	aller.		EXAMINER'S				ASSIST	ANT MEDICA	L EXAMINER [					
orward Soveral FUNER			NAME (Type)		hert, N	77		Y MEDICAL E	XAMINER 1	10	/20/1	,0_		
o forte	. 1		REMOVAL (Specify)	N. 226. DATE THEREOF		. NAME OF CEMETERY			22d LOCATION		r county)		(State)	
7	24		rial		<b>60</b>   B	altimore N	at'l Cen					aryl		
YS. A15ME(5)		23. I	WHERAL DIRECTOR'S	SIGNATURE	21		111		2 5 '60	24b. REGIS	TRAR'S SIC			
5M 9/55		//	.1. Miles	ixulon	Gler	Bulmie	2/7/10	DATE	2000	Civili	w/ .d. /	CAMP		



the funeral director, should be filed with

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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256 REGISTRAR'S SIGNATURE

250 REC'D BY REGISTRAR

DANE()V

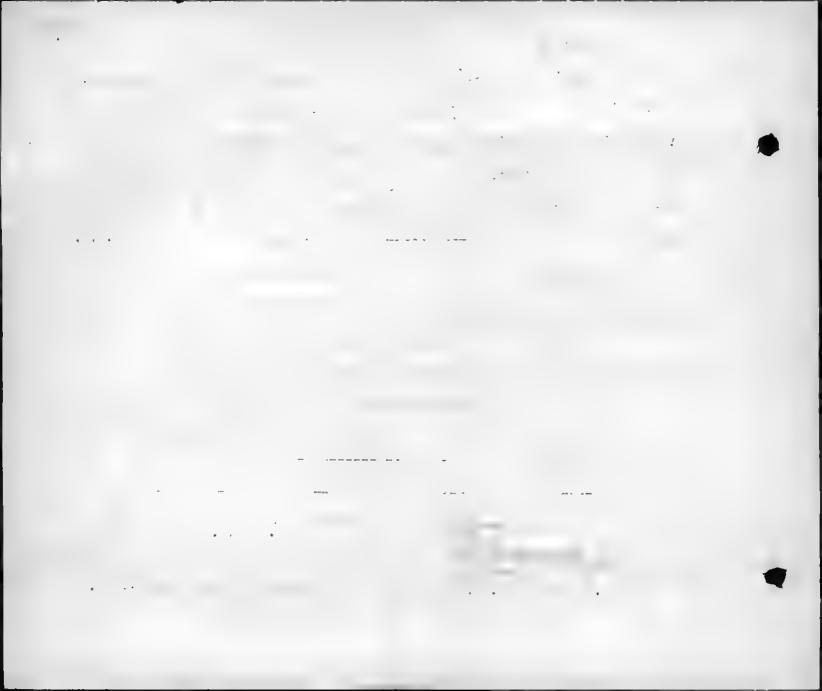
ADDRESS

	$1028_{-}$		CERTIFIC	ATE	OF DEATH					
PLACE OF DEATH O. COUNTY	Arundel		MARYLAN		ISUAL RESIDENCE (W. STATE Maryl.		lived if institution b. COUNTY		e before	, .
b. CITY OR TOWN (III RURAL and give pa Crowns VI	outside corporate limi orest tawn)	ts, write	20 years	b	Catons		ate limits, write R	URAL and g	o 3	est town)
d NAME OF HOSPIT, OR INSTITUTION Crownsvil	AL (If not in haspital, g Le State Ho	spite	address)		8 Jones	Avenu	e		0	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fid Sa	muel	Middle		Torsell	4. DATE OF DEATH	Mon		Day	Year 19 <b>6</b> 0
Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED D	- 1	1924		9. AGE (In years tast birthday) 36 yrs.	<u> </u>	Doys	Hours Min.
IGO USUAL OCCUPATION during most of work unknown	N (Give kind of work ing life, even if retired	done 106	KIND OF BUSINESS OR IN	IDUSTRY	11 BIRTHPLACE (Slote Marylan				J.S.	WHAT COUNTRY?
3. FATHER'S NAME JOSED	n Torsell			14	. MOTHER'S MAIDEN Priscil		C 674			
15. WAS DECEASED EVE		ervice)	SOCIAL SECURITY NO.	7 INFOR	MANT Ospital Rec		Addi	.42 <i>2</i>		
Conditions, if all gave rise to it couse (a), stating lying couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  Which Inmediate the under-	)	Septicemia Pulmonary ( Bronchopner	moni					ONSE	RYAL BETWEEN ET AND DEATH
PART II. OTH	IER SIGNIFICANT CON	iditions <u>c</u>	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19	P. WAS AUTOPSY PERFORMED? YES TO NO
OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OCCU	RRED. (Er	nter nature of injury in	Port I ar Part	II of item 1B)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	ar 20d It While of war	Not.yhile	foctory,	of INJURY (Home, for street, office bldg, et	m, 20f (City	or town)		(aunty)	(State)
21. I certify that saw the decease 22a SIGNATURE	t (1) (this haspital ed blive an Oct	pher	ed the deceased from	ot deat	ATTENDING	MED ta	October	30 19 6 d on the	date	at (I) (we) last stated abave 22b.DATE S GNED 10/31/60
22c PHYSICIAN'S NAME (Type)	L. Benedic	t, M.	D.		22d. ADDRESS Crownsv:	ille St	ate Hosp	ital,	Md.	
230 BURIAL, CREMATIO REMOVAL (Specify)	N, 236 DATE THERE	OF O	Western Si	Y OR CR	EMATORY Com:	11+	ION (City, town	or county)	12.	(State)

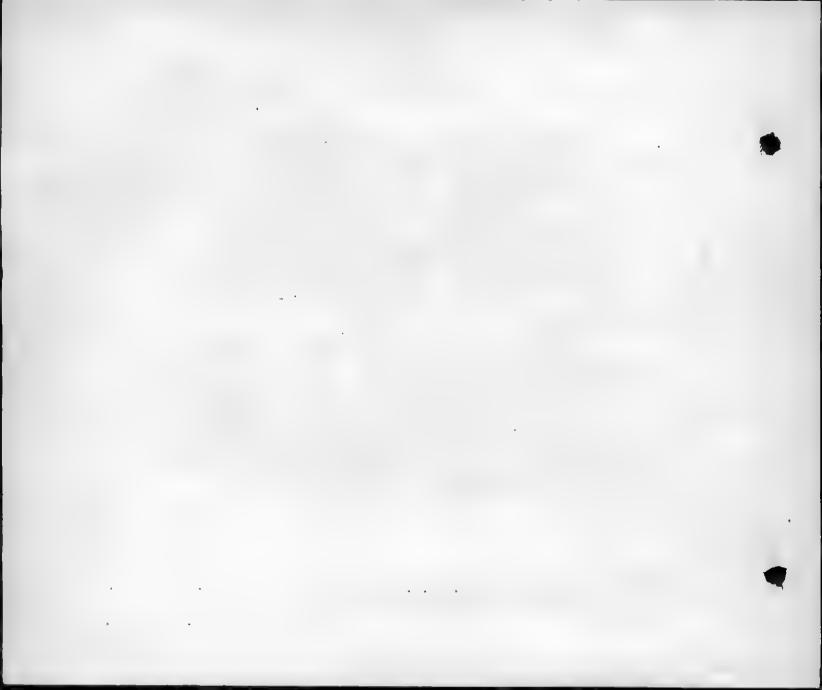
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 harmy be returned by the haspital or ottending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers Pages 1 of the State Board of Health prior to bur all, cremotion, or remayal, and in any event, withthin 72 hours after death. VR A15 (4) 15M 9/59

24 FUNERAL DIRECTOR'S SIGNATURE



after death. Page



FUNERAL 0 VR A15 (4) 1SM 9/59

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. B

H 4

REMOVAL (Spec fy)

Burial

BURIAL CREMATION, 236 DATE THEREOF

Mt. Auburn ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Baltmore, Md, 250, REC'D BY REGISTRAR DATE OCT 1 3 '60

256 REGISTRAR'S SIGNATURE arthur & Henry

23d, LOCATION (City, town, or county)

e. IS RESIDENCE ON A FARM?

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

Vrs.

PERFORMED? YES NO 🔁

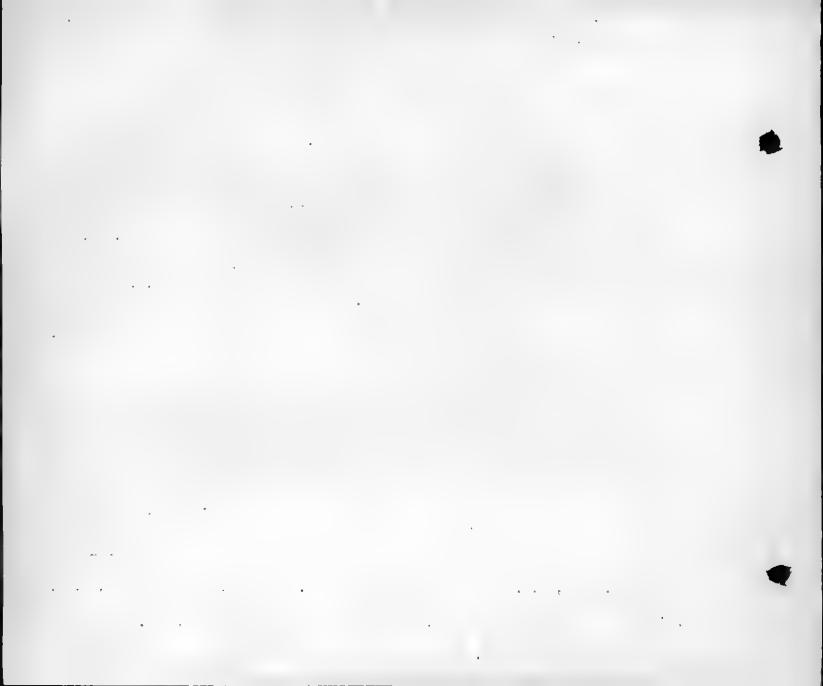
(State)

226 DATE

(Stote)

YES NO.

Year



the funeral director, should be filed with

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has be referred by the haspital ar attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, ar remaval, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/S9

1.	PLACE OF DEATH		2. USUAL RESIDENCE IV	Vhere deceased i	ived 15 institute	on: Residence	before odm	ussion)		
	Anne Arundel	MARYLAND	a. STATE  b. COUNTY  Maryland  1 institution: Residence before admission  a. STATE  COUNTY  Garrett							
	b CITY OR TOWN (If outside carporate limits, w RURAL and give negrest tawn) Crownsville		c. CITY OR TOWN (II	outside corpare			e nearest to	wn)		
	OR INSTITUTION	street oddress)	d. STREET ADDRESS		1	/× .	ON	ESIDENCE A FARM?		
3.	DECEASED	Middle	Lost	4. DATE OF DEATH			Day 20	Yeor 19 60		
5.	2.		B DATE OF BIRTH	9	AGE (In years lost birthday)	IF UNDER 1		DER 24 HRS		
d. NAME OF HOSPITAL (If not in hospital) give street oddress)  ORNSTITLION  ORNSTIT		S.A.	COUNTRY							
13	. FATHER'S NAME						113 124 0			
	James Truly		Isabelle	?						
15 (Y	(bt yes, give war or dates of service)			cords	Addi	ress				
NOIL	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under. lying couse lost.  Could be a couse of the couse (c)  Could be a couse of the couse of the couse (c).	Chronic Hyo	Cardiovascula	ar Disea		EN IN PART 1	INTERVAL ONSET AN	ID DEATH		
CERTIFI	20a. ACCIDENT WAS UNDERLYING DONC CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER  20c. TIME OF INSURY Month, Day, Year Ventury Call Control of the Control	rod. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fai	m, 20f. (City or		{Cot	YES [	NO K		
	1 // 4	20 19 60, and that d	eath accurred at	M, from th	e causes an	d an the a	date state 2 LO/20/	ed abave. 22b DATE SIGNED		
E	o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 10/21/60	anatomy	Board	23d LOCATIO	IN ICITY TOWN, O	Md.	{Ste	ate)		
24	FUNERAL DIRECTOR'S SIGNATURE ROS	a Hanney	over Strass. REC		50	STRAR'S SIGN				
				OCT 2 4	00	anne d	. Thunk			



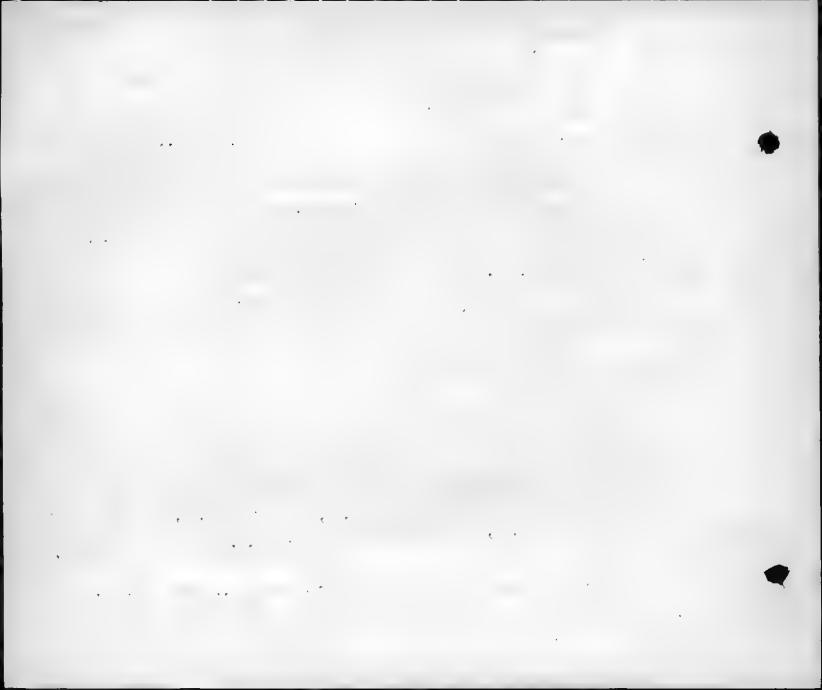
M within 24 haurs ofter death. Page 4

de execu

TO FUNERAL TO HOSPITAL

VR A15 (4)

1. PLACE OF DEATH o. COUNTY	Anne Arun	del	MARYLAND	- 11	USUAL RESIDENCE (Who o. STATE Mary)	_	6 COUNTY	Anne			ion)
b. CITY OR TOWN (If of RURAL and give near	utside carporate limi	ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If a	utside corpo		_			}
Anna p	olis		3 days		Annap	olis					
d. NAME OF HOSPITAL	_				d. STREET ADDRESS				6	IS RESI	IDENCE FARM?
Anne Arundel	General	Hospi	tal		7158	Monte	rey Ave.,			YES 🗌	NO 🚻
3. NAME OF DECEASED	Fie	st	Middle		Last	4. DATE OF	Mon	th	Day	Υ	Year
(Type or print)	Cynth		Lynn		WALLICK	DEATH	Octobe		6		9 60
	S. COLOR OR RACE		IED NEVER MARRIED	B. C	ATE OF BIRTH		9. AGE (In years lost birthday)	Months	YEAR I	Hours	R 24 HRS Min.
Female	White	WIDOWE			tober 3, 19		yrs.		2	6	5
during most of workin	Give kind of work of life, even if retired	done 10b. I	KIND OF BUSINESS OR IND	USTRY			ountry)				OUNTRY?
				1.	Maryla				U.S.	-	
13 FATHER'S NAME		-		1	4. MOTHER'S MAIDEN N	AME					
John Willia				$\perp$	Kathleen CA	RSON					
15. WAS DECEASED EVER I	N U.S. ARMED FOR yes, give wor or dates of s		SOCIAL SECURITY NO. 117.	INFOI	RMANT	_	Addr	ess			
				-	Hospital	Kecor	ds				
	•	use per lin	e for (a), (b), and (c),	0	, ,					RVAL BET	
PAKI I, DEAIR	WAS CAUSED BY: MMEDIATE CAUSE (o	)	/	M	es a turcty						
11/7()	DUE TO				,						
Candifions, if any		]									
gave rise to imp couse (a), stating the											
lying cause last.	) (c								ļ		
PART II. OTHER	SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	סא זנ	T RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART		PERFOR	
S ACCIDENT WAS	INDERIVE I	20h prec	TRIPE HOW IN INCHES OCCUPY	250 15			14 6 7 30 3			YES	NO 🗌
	CAUSE OF DEATH I	ZVD. DESC	RIBE HOW INJURY OCCURI	CED. (E	inter noture of injury in r	on Far	f    Of (tem 18.)				
20c. TIME OF INJURY Hour a. m.	Month, Day, Yes	While	NOT while	PLACE	OF INJURY (Home form, , street, office bldg., etc.)	20f. (City	or town)	{C	ounty)		(Stote)
						60	0.4 #	/	0 1		
21. I certify that	(1) (INTREMEDIATE) (1)	<b>X</b> affende	ed the deceased fram		12.	QU, to_!	UCT.	, 196	J, tho	2) (1) 1s	<b>KDI</b> last
220 SIGNATURE	a onlye an Luc		19 <u>.60</u> , and that	deat	h occurred at	M, fram	the causes an	d an the	date	stated	abave.
)	7.0	100	r Named .		ATTENDING ME	D	STAFF		7/	11/1	SIGNED
22c PHYSICIAN'S	nery 1	jusc	<i>TU</i>	MD	PHYS A DIR	ECTOR _	PHYS.		TC	2/6/6	<b>5</b> U
NAME (Type)	hilip Bri	SCOR				al S.	. Anna po	14m 1	MA		
230 BUR AL, CREMATION,			22. 3.445.05.554.57534	00.00					MLL.e		
REMOVAL (Specify)	Oct 11, 14	60 (	Paleny len	17.	alcoul o	Liele	TION (City, town of	or county)		(Stote	5)
PACHINERAL DIRECTOR'S	HONALUEE	7	- ADDRESS		- //	BY REGIST		TRAR'S SIG		E	
Hop. TING For	-skylffer	12/1/2	trufoles,	///	DATECT	1 3 '60	Class	-1 & TU	Russ		
20633	11XVI	C >4-									



### Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) director, Page or you files, e. COUNTY b. COUNTY Same b. CITY OR TOWN (if outs de corporate limits, MARYLAND c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town? Samo TOOK IN TARK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 13 to the fully be retain vith the State B Same 32 LEGSSWELL death. Middle 4. DATE DECEASED OF (Type or print) DEATH fictober 23rd. William Ernest Walters ¥ H 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH may 2 with s 1, 2, and 3 age 5 may 1 and 2 wil 72 hours lest\_b rthdey) WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) thi≡ 24 ⊪ours afri . Give Pages 1, 2, orm PM3. Page 5 done during most of working life, even if retired) levators repair nan (self employed Taltimore. Hd. Office along with form PM3. P burial-transit permite pages noval, and in any event within 14. MOTHER'S MAIDEN NAME Crphyllia Simmons George Halter Crphy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address in pencil in Item 18. (Yes, no, or unkown) | (If yes give wer or detes of service) Tradicton Walters (wif 18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), end (c),] I. DEATH WAS CAUSED BY: Coronary Ccc usion IMMEDIATE CAUSE (e) removal, DUE TO Conditions, if any, which (b) ease exe. si the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C **FUNERAL DIRECTOR**: Page 3 should be used as a bits designated agent, prior to burial, cremation, or rem geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19, WAS AUTORSY CERTIFICATION 2De EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, leater neture of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) While Not While MED Hour e.m. et work | at work | Inspection 7 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Natural causes 7 death resulted from: Accident 1 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 226. BJRIAJ (REMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OF CREMATORY DEPU Address (Street, city, town, or county) 22d. LOGATION (City, town, or country) LULLUE S ₫40 ö O 246. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME DA OCT 2 6 '60 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

"udden

PERFORMED? NO

and in my opinion

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Months

Deys

(County)

Chillian S. Hours

F UNDER 24 HRS.



within 24 hours after death

certificate

Ó

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



and 2 shauld be

completely filled Pages 1

attending physici

d by the hospital ar attending physician.
RECTOR: After this certificate has been signed by

page 3 shauld be detached far use as the burial-transit

the registrar prior to burial,

cremation, ar removal, and in any

	11033		CERT	IFIC	ATE OF DEATH	4		Reg. D	ist. No		16
1. PLACE OF DEATH	Arundel		MAR	YLAND	2. USUAL RESIDENCE (Who a. STATE	ere decease	b. COUNTY	on: Reside	nce befo	ore admi:	ision)
b. CITY OR TOWN RURAL cod give	(If outside carparate limi nearest Jawn) SVIIIE	ts, write	c. LENGTH OF STA		c. CITY OR TOWN (IF o	utside carpo	The second second	URAL ond	give ne	arest tow	m)
d. NAME OF HOS	PITAL (If not in hospital, g Rd	ive street			d. STREET ADDRESS					ON.	SIDENCE A FARM? NO (A)
3. NAME OF DECEASED (Type or print)	Ida Selma 1		Middl	le	Last	4. DATE OF DEATH	October		Do	ру	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARR	37		8. DATE OF BIRTH 9/30/75		9. AGE (In years last birthday) 85 yrs.	IF UNDE Manths	R 1 YEAR Days	IF UND Haurs	Min.
10a. USUAL OCCUPA during most of w	TION (Give kind of work arking life, even if retired HOUSEWILE)		KIND OF BUSINESS		Germany, Eu		ountry)		USA	FWHAT	COUNTRY
13. FATHER'S NAME Henr	y Louis Sch				14. MOTHER'S MAIDEN N Elvina R		2				
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FOR	(naivre	social security n None		INFORMANT Mrs.Mildred Wa	de (da	Add aughter)	ress			
	immediate	Ну		- 40	rdio-Vascular	disea	36S		ON	SET AND	DEATH DEATH DEATH
PART II. C	it. (c	DITIONS			T NOT RELATED TO THE TERMI			EN IN PA	RT 1(o) 1	PERF	AUTOPSY ORMED?
Zoc. TIME OF INJ Haur a. m p. m	1. 10	20d. It While at war	Not while at work		LACE OF INJURY (Home, farm octory, street, office bldg., etc.		ar town)		(Caunty)		(Stote

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

21. I certify that I attended the deceased fram... October 2rd p 60, to 60 tober 6th 19 60 hat I last saw the deceased and that death accurred at 6.10PM, from the causes and an the date stated above.

ACTUAL SIGNATURE

Glen Burnie . Md

Faubert.M.D

22b. DATE THEREOF 220. BURIAL, CREMATION, REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, lawn, ar county)

ADDRESS (Street, city or town, state)

(State)

ADDRESS

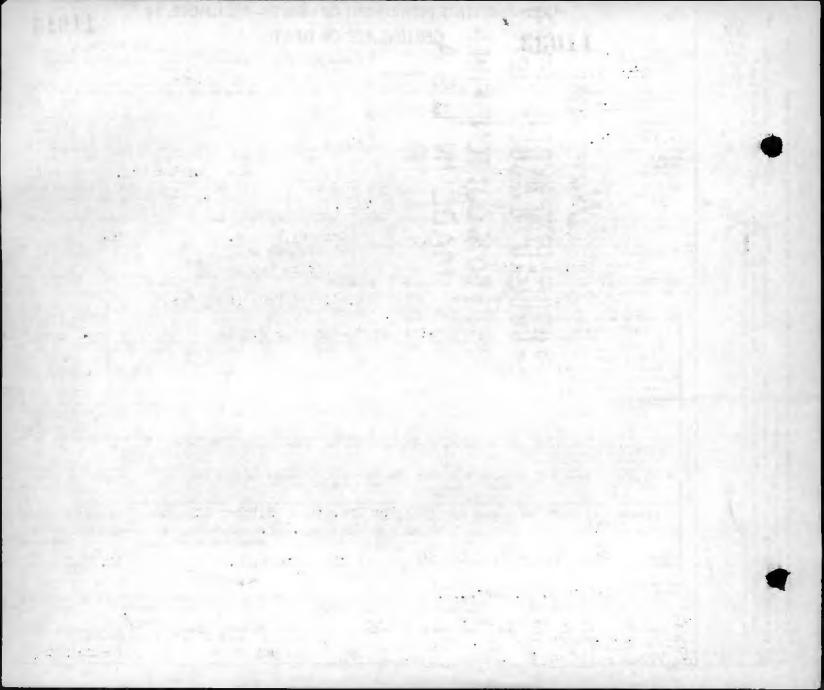
24g, REC'D BY REGISTRAR OCT 1 0 '60

24b, REGISTRAR'S SIGNATURE

arthur S. Kruss

TO FUNERAL TO HOSPITA VS A15 (4) 15M 9/58

may be re



NEVILLE, JR., Capt., M.C.

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY.

FUNER/ 3 2

VS A15 (4) 1SM 9/S8

PHYSICIAN'S NAME (Type)

22g. BURIAL, CREMATION, 22b. DATE THEREOF

23. EUNERAL DIRECTOR'S SIGNATURE

24g. REC'D BY REGISTRAR DATE OCT 1 9 '60

24b. REGISTRAR'S SIGNATURE withing S. Thouse

USA Hosp Ft Geo G. Meade, Md.

22d. LOCATION (City, town...pr county)

Reg. Dist. No.

Manths

e. IS RESIDENCE ON A FARM?

IF UNDER TYEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES NO IX

(Stote)

DATE SIGNED Oct

(State)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

YES NO TH

Year

White the property of the late English and the second second second second second and the second of the second